

DEVELOPMENTAL CHANGES IN PSYCHOTHERAPY GROUP  
INTERACTION

F.M. McPHERSON.

Doctor of Philosophy  
University of Edinburgh.

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## ABSTRACT.

INTRODUCTION: Group psychotherapy is described and the importance of the verbal communications which occur between group members is noted. These are central to the development of psychotherapy groups both as social and as therapeutic systems. Previous quantitative studies of developmental changes in inter-member communications are reviewed and it is concluded that these do not provide an adequate basis for future research.

HYPOTHESES: However, a review of narrative accounts of group psychotherapy suggests hypotheses concerning changes as therapy proceeds, in the content and form of verbal interactions. These relate to five areas - A. 'Socialisation' i.e. the aims, norms and roles of group psychotherapy; it is hypothesised that communications referring to these topics decline in frequency as therapy proceeds. B. 'Inter-member affect' i.e. references to and expressions of group members' attitudes to and feelings for one another: the hypothesis is that these increase in frequency. C. 'Generalisation' i.e. parallels drawn between intra- and extra-group events and relations: the hypothesis is that these increase in frequency. D. 'Adoption of therapist role': various types of communications which initially are made mainly by the therapist are increasingly made by patients and E. 'Distribution of communications': the number of communications made during a group meeting tends to be distributed with greater equality among the patient members; and the therapist tends to contribute a diminishing share of the total number of communications.



METHOD: The hypotheses are tested on three 'group analytic' psychotherapy groups. The method is to compare sessions drawn from different phases of group development. In Group A six, and in Group B, three sessions are selected randomly from each of the first, second and third 30-week phases of group existence. In the third Group, C, five sessions are selected from the first and second 22-week phases. A method of content-analysis is devised and described, in which tape-recordings of sessions are analysed according to the content of the communications and the group members making them. A study of the reliability of the content-analysis suggests that it is adequate. Each group is analysed independently.

RESULTS: The hypotheses relating to 'socialisation', 'inter-member affect' and 'generalisation' are either confirmed (statistically significantly) or supported (but not significantly) by the results of all three groups. 'Socialisation' communications tend to decrease in frequency and 'inter-member affect' and 'generalisation' communications tend to increase in frequency as therapy proceeds. The hypotheses concerning the adoption by the patients of aspects of the therapists role are also, for the most part, confirmed or supported. However, there is only slight support for those hypotheses concerning the distribution of communications among the members.

CONCLUSIONS: Among the conclusions of the study are i. that the developmental processes in the verbal interactions of psychotherapy groups include those relating to socialisation, inter-member affect, generalisation and the adoption of the therapists role ii. that socialisation processes may have

important therapeutic, as well as social, implications and  
iii. that content-analysis is capable of obtaining research  
results which are both objective and clinically meaningful.

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## GENERAL INTRODUCTION.

### A. Background.

A notable recent trend in psychiatry has been the increasing use made of small group methods in the treatment of psychiatric patients of all types. Group psychotherapy is one such method. Although its use with emotionally disturbed patients was first reported as long ago as 1905 (Westman, 1960) it was only after the Second World War that group psychotherapy received the widespread attention of psychiatrists. By 1962, Strupp was able to report that this type of treatment "continues to enjoy great popularity" (1962a, p.467) and since then the use of group methods has probably increased still further.

One reason for this increase is that group psychotherapy is seen by many psychiatrists as "a possible means of narrowing the gap between the large number of patients needing psychotherapeutic help and the small number of psychiatrists who have the inclination, and can find the time, to give psychotherapy" (Kräupl Taylor, 1958, p.160).

This increase may also have reflected the marked and continuing growth of interest, shown by social scientists over the last two decades, in small groups in general. Thus, a sociologist, Shils, writing in 1948 noted: "There is a new focussing of interest on the small group in American empirical sociology" (p.27). A British psychologist also noted this tendency: "The small social group has become the focus of considerable interest on the part of social scientists" (Argyle, 1952, p.269). By 1962, Hare could state, or perhaps over-state: "Psychologists, who used to be content to

describe the subject's response to the color wheel or the rat's response to the maze, now study the influence of group norms on individual judgment or the ways in which groups of animals influence the behaviour of their fellows. Sociologists who might once have studied whole societies or institutions, now record the behaviour of small groups either in the laboratory or in the field" (p.v).

However, despite the widespread clinical use of group psychotherapy, and the many objective investigations of other types of group, there is a dearth of research into group psychotherapy (Westman, 1960; Scheidlinger, 1960; Slavson, 1962). Psychotherapy groups have received only a small proportion of the attention afforded to individual ('dyadic') psychotherapy (Kräupl Taylor, 1961), and "clinical reports far outnumber research contributions" (Strupp, 1962b, p.467).

Before discussing the types of research which are possible into group psychotherapy, it will be convenient to provide some definitions and to describe the clinical use of groups.

## B. Definitions and Descriptions.

### 1. Small Groups.

i. Definition. There are several definitions of 'small group', the most commonly used being that of Bales (1950a, p33) : "A small group is defined as a number of persons engaged in interaction with each other in a single face-to-face meeting or a series of meetings, in which each member receives some impression or perception of each other member distinct enough so that he can, either at the time or in



later questioning, give some reaction to each of the others as an individual person, even though it be only to recall the other person was present."

In this definition, the number of members is less important than the opportunity for face-to-face interaction. Groups with only a few members may not be regarded as 'small groups' if face-to-face contact between members is not possible (Hare, 1962).

ii. Features. The properties and features of small groups have been discussed in detail by Thibaut and Kelley (1959), Hare (1962) and others. Briefly, among the characteristics which are said to distinguish small groups from more casual and less structured social organisations, such as strangers in a railway compartment, are the following -

a. that the members of the group agree with one another about its aims, goals and purposes i.e. about why the group exists.

b. that there is a set of norms within the group i.e. rules which govern the intra-group behaviour of the group members and which have been accepted by them.

c. that, at least to some extent, members share among themselves the total responsibilities of the group, with members adopting different roles and engaging in different activities and d. that a network of interpersonal affective relationships exists, with members experiencing feelings of attraction towards some members and of rejection towards others (Sherif, 1954). These characteristic features are not present when the group first assembles, but develop gradually over time, as the group remains in existence. They will be discussed in more detail below.

2. The Classification of Small Group Studies. When discussing and reviewing studies of group psychotherapy it is necessary to have some conceptual framework with which to classify the studies themselves and the variables investigated (Hare, 1962). Various conceptual systems have been formulated e.g. by Homans (1950) and Thibaut and Kelley (1959). However, one of the most widely used is that of Hare (1960), derived from his comprehensive review of research literature. Hare's system has many features in common with several previous frameworks including those of Znaniecki (1939) and Bogardus (1954). As it has the advantages of being relatively simple, free of mathematical symbols, and deriving from research findings, Hare's framework will be adopted in the present study, and its main features will now be described.

i. Group Interaction and Group Performance. Two types of group activity can be distinguished, group 'interaction' and group 'performance'. The former is the sum of the 'between person' activities occurring within a group, such as the words and behaviour with which members respond to one another. Group 'performance' refers to the output of the group as a whole e.g. the extent to which it has succeeded in carrying out some designated task or activity.

ii. Elements of 'Within-Group' Interaction. Social interaction may be analysed from several distinct standpoints. Two major areas are the 'process' and 'structure' of the interaction and group.

a. Process. The sequence of events occurring in a group may be analysed, act-by-act, as it unfolds over time. Changes

may be found to occur continuously within single group sessions and over a period covering several sessions. Studies of the process of interaction are thus longitudinal.

b. Structure. However, the same data may often also be analysed in a cross-sectional way, so as to describe the structure of the group. In these studies, the focus is on the relations among the elements in the system - mainly the members - at a given time.

iii. Personal and Interpersonal Behaviour. Another general distinction is between those aspects of the within-group behaviour of a group member which are personal and those which are interpersonal. Interpersonal behaviour is shown when the member is engaged with one or more other members, and indeed is only capable of being shown in the presence of other members. Dominance over others and the display of affection or dislike are examples of interpersonal behaviour. Personal behaviour on the other hand included intrapersonal behaviour, such as manifestations by the group member of anxiety or tension. It also includes those aspects of individual performance which characterise a member both when he is alone or in a group - for example how energetic or intelligent he is.

iv. Form and Content of Interaction. The behaviour of individuals interacting in a group can be analysed in terms of its form or of its content. The 'form' of interaction is the amount of interaction which takes place, and the network of interaction. In verbal interaction, which is the only aspect of group interaction which has been investigated in

detail, these correspond to the amount or rate of talk, and to 'who talks to whom' respectively. The 'content' of interaction is what is going on in the group - in verbal terms, what is being said and talked about.

v. 'Task' and 'Social-Emotional' Content. The content of an interaction can be subdivided into content primarily directed towards the solution of 'task' problems and content primarily directed towards the solution of 'social-emotional' problems. 'Task' problems are those concerned with the solution to a publically-stated problem of the group; 'task' interactions are those directed primarily towards the completion of the group tasks. 'Social-emotional' problems derive from affective relationships between group members; 'social-emotional' interactions are directed primarily towards maintaining the group in co-operative existence while the group task is completed. Thus, in a decision-making committee the 'task' problems might be those of persuading members of disparate viewpoints to arrive at an agreed and appropriate decision. The 'social-emotional' problems might be those of preventing differences of opinion becoming group-disrupting quarrels.

### 3. Group Psychotherapy.

i. Definition. As noted above, group psychotherapy involves the use of small groups in the treatment of patients. Many varieties of group psychotherapy have been described and it is difficult to arrive at a definition which includes them all. Every variety involves patients meeting in a group on several occasions, usually with a therapist present. Foulkes

and Anthony (1957, 1965) suggest that all psychotherapy groups have the following features in common -

- a. that they rely on verbal communications among members as a major method of achieving therapeutic progress.
- b. that the individual group member (patient) is the object of treatment, and
- c. that the group itself - the interactions and relationships among members - is the main therapeutic agent.

ii. Features. The development of small group methods in British psychiatry has been discussed by Kräupl Taylor (1958). Descriptions of various approaches to group psychotherapy are given in Kräupl Taylor (1961).

However, the basic method from which most British group psychotherapy derives is that of 'group analytic group psychotherapy', developed by S.H. Foulkes, and described by him in Foulkes (1964) and Foulkes and Anthony (1957, 1965). In the next Section, the main features of this approach will be outlined.

#### 4. Group Analytic Group Psychotherapy as a Treatment Method.

i. Aim. The aim of group analytic psychotherapy is to produce changes in the personality, attitudes, reaction patterns and social behaviour of the members of the group. Unlike most psychiatric treatments, group analytic psychotherapy does not aim to remove the patients' symptoms. Although improvement of this sort may occur it is not the main purpose of treatment, which is to effect changes in more enduring behaviour. (The distinction between symptoms on the one hand and personality traits and attitudes on the other is discussed by Foulds, 1965).

ii. Form of Group. Group analytic groups typically comprise eight members who meet with a therapist ('group-conductor') and often a participant observer ('group observer') who is also a clinician. The groups meet regularly, usually once weekly; there is no fixed seating arrangement in the meeting room, but the members generally sit in a loose circle. Sessions last for  $1\frac{1}{2}$  hours. Groups may continue to meet for up to a year and in some cases for considerably longer.

There are two basic types of group - 'open' and 'closed'. In the former, patients join the group individually and leave when their own clinical conditions warrant it. The membership of the group fluctuates and regular attendance is emphasised less than in 'closed' groups. Members of 'closed' groups on the other hand all join at the same time and also terminate together as the result of a group decision. Membership remains constant over the entire life of the group, and regular attendance is encouraged.

iii. Group Composition. The composition of the group can vary considerably, though Foulkes (1964) suggests that the basic background, age, marital status and (verbal) intelligence should be reasonably similar. However, this is less essential than that no single patient should be isolated by being markedly different from the others. Group psychotherapy has been used with patients of many diagnostic types. These include all forms of psychoneurosis, psychopathy, alcoholism and other addictions, and some mild psychotic conditions (Kräupl Taylor, 1961). Probably the most typical group is of neurotic or alcoholic out-patients (Foulkes and Anthony, 1957).

iv. Method. The members are encouraged to engage in 'free floating discussion' i.e. to raise in the group any topic which they wish, without regard to the social appropriateness, or even the immediate relevance of the communications. In this they are encouraged by the therapist who lays down no programme for the group and seldom raises topics to be discussed. There is a clear similarity between 'group association', as this free-floating discussion is called, and the more usual 'free association' of the dyadic 'individual' psycho-analytic situation.

Of course, with no group agenda, a wide range of themes and topics may be raised during sessions. Symptoms, family relationships, feelings for other group members and the group conductor, practical problems in the patients' environment, dreams and fantasies are frequently discussed, in addition to many other subjects. A record of a part of typical group session is given in Appendix A .

Central to the method of group psychotherapy is the clarification, analysis and interpretation of the verbal and non-verbal communications occurring among the members of the group. It is clearly important therefore that all such communications should be clearly observable, and for this reason members of 'closed' psychotherapy groups are instructed not to meet outwith the official group meetings. Any such contacts, even between a patient and the therapist, must be reported back to the group as a whole. The analysis of inter-member interaction is not carried out by the therapist alone; the patients themselves are encouraged to do so also.



This emphasis on inter-member interaction illustrates the view of most group psychotherapists that group psychotherapy is not merely individual psychotherapy carried out in a group setting, but that group processes are themselves of major therapeutic importance.

Foulkes (1964) suggests some additional, specific therapeutic factors contributed by the group situation. One is that the patient is brought out from what may often have been complete social isolation and is put into an environment in which he is understood and treated as an equal. Second, he observes other members to have similar morbid ideas, anxieties or impulses. This may lead to relief of anxiety and guilt. In addition, interpretations are frequently accepted more readily when directed at colleagues with similar problems than at the member himself. This set of factors is referred to by Foulkes as 'mirror reactions'. Thirdly, topics become easier to discuss if they have previously been raised by another member. This applies to unconscious material also. Finally, the element of exchange, or interaction, among members not only makes discussions more lively, but also leads to members accepting things more readily - just as children accept ideas from each other which they would reject from their parents.

v. The Group Conductor. From the above account, it will be seen that the group conductor has two main and distinct functions. One is to encourage the development of group processes. He attempts to make the group members active participants and to take over the responsibility of helping themselves. He acts as a catalyst, activating analytic and



integrative processes with a view to reducing his own participation. In addition to this function, the conductor also serves as a traditional psychotherapist - observing and analysing behaviour, but mainly being a transference figure to the patient i.e. a figure with which the patients can enter into positive or negative affective relationships. Both functions require the therapist to be permissive and non-directive, working through the group and avoiding authoritarianism. The role of the therapist will be discussed in greater detail below (pp. 64-9).

### C. Group Psychotherapy Research.

1. Types of Research. It is usual to distinguish between two types of empirical investigation of group psychotherapy - 'process' and 'outcome' studies (Strupp and Luborsky, 1962). These correspond to the 'interaction' and 'performance' studies distinguished by Hare (1960), and discussed above (p. 4 ).

i. 'Outcome' (i.e. 'Performance') Studies. This research is concerned with the end-product of therapy i.e. with the changes in symptoms or personality which result from treatment (Gottschalk and Auerbach, 1966). Some studies merely record the changes which occur during therapy (e.g. Walton and McPherson, 1964, 1968). Others attempt to demonstrate the efficacy of the psychotherapy by comparing it with some 'control' treatment, or with no treatment at all (e.g. Ends and Page, 1959).

ii. 'Process' (i.e. 'Interaction') Studies. These studies concern themselves with the course of treatment rather than with those consequences of treatment which are observable out-

side the therapy situation (Gottschalk and Auerbach, 1966). They have as their ".....principal concern.....how changes took place" (Luborsky, 1959, pp.320-1), whereas that of the 'performance' studies was "what changes took place".

It is unfortunate that the term 'process' has been attached to these studies since, although they frequently do involve the investigation of processes as defined above (p. 4 ), they also can involve the investigation of the structure of interaction. Therefore, the term 'interaction' will be used in this study rather than 'process', although the latter is more familiar in psychiatric literature. Among the interactional variables which have been analysed are the verbal changes occurring within group meetings (Talland, 1955), and the norms which develop (Krieger and Kogan, 1964). Both are aspects of the 'process' of interaction. The affective relationships which exist between members - a 'structure' variable - have been studied by Kräupl Taylor (1961) and others.

Strupp (1962b) has noted that since 1950 there has been a steady increase in both the quantity and quality of investigations of psychotherapy interaction. These studies are now more numerous than those of the outcome of therapy.

2. Purpose of Studying Interaction. The present study investigates aspects of the interaction occurring within psychotherapy groups. The reasons for studying such interaction can be considered under two headings i. clinical and ii. social psychological.

1. Clinical Reasons. There are three 'clinical' reasons for the investigation of group psychotherapy interaction.

a. The Design of 'Outcome' Studies. It might be argued that the study of outcome should precede that of within-therapy interaction. Only when the effectiveness and value of a method has been established is it necessary, or even useful, to investigate the ways in which therapeutic changes are induced. However, there are two main reasons for considering that the adequate evaluation of group psychotherapy outcome depends upon the prior study of interactions.

First, Strupp (1962a,b) has noted the 'disillusionment' among research workers with the 'methodological crudeness' of most outcome studies. These provide little information about the therapist-patient relationship, the step-by-step process by which therapeutic results are achieved, criteria of change etc., and "....it is pointless to compare percentage figures in the absence of precise information of what is being compared" (a,p.579). As Gendlin (1966) argues: "Research in psychotherapy has suffered from the fact that psychotherapy was not definable. It has meant that, if an experimental therapy group was compared to a non-therapy control group, some of the supposed therapy subjects were not really receiving something therapeutic at all..... The effect of averaging the changes in the 'experimental' group as compared with the 'control' group often showed no significant differences. To bring this home, imagine trying to investigate the effects of a drug with an experimental group taking the drug and a control group receiving a placebo. Imagine that some (perhaps half) of your 'experimental' group are actually taking a preparation without the effective in-

gradients of the drug.....and you don't know which ones these are. Then, too, perhaps one or two 'controls' are actually getting the drug on the side. Your 'experimental treatment' group is not always getting the treatment."

In particular, before an adequate outcome study can be designed, it is necessary to know which aspects of the group experience are most important in producing improvement, so that these may be maximised; which patients are most suitable so that those unlikely to benefit will not be included; and which symptoms or personality traits are likely to show (most) change so that these may be assessed in more detail. This information can come only from studies which have as their main purpose the exploration of within-therapy processes and structures.

Second, there is an increasing tendency to use interaction measures as an index of therapeutic outcome. Patient change manifested in the therapy situation can be considered to be 'outcome' just as legitimately as can changes in the extra-treatment situation. Not all interaction variables can be considered in this way e.g. those which relate to the therapist's activities. However, many others - in particular those associated with the activities and communications of the patients - should be included in any general assessment of the effects of treatment (Kiesler, 1966). Early examples of the use of within-therapy measures in this way are provided by Barron (1953) who used 'increased frequency of statements revealing insight' and Phillipson (1958) who used 'quality of therapeutic relationship'.

b. Improvement of Methods. Scheidlinger (1960) suggests that a possible reason for there having been so few research investigations of group psychotherapy is its relative newness as a treatment method. Therapists are frequently too pre-occupied with perfecting their techniques to concern themselves with research. At the same time, they may be unwilling to have their own activities scrutinised until they have greater confidence in their procedures. However, Kräupl Taylor (1961) and others have argued that an important function of interaction research is to help the practicing clinician to do his job more effectively. Indeed, it is not possible for a clinician to 'perfect' his techniques in the absence of objective evidence as to the influence of these techniques on the interactions of the patients, and upon the therapeutic process in general. Thus, Strupp (1960a,b) has argued the case for the systematic evaluation of the influence of such variables as the number and content of therapist interventions - e.g. clarifications and interpretations - the composition of the group and the length of the meeting. Only when this is known will it be possible to organise and conduct psychotherapy groups in such a way as to maximise their therapeutic value (Scheidlinger, 1960a).

c. The Observation of Interpersonal Interaction. A third reason for the investigation of psychotherapy group interaction is that psychotherapy groups provide a unique setting for the observation of interpersonal and group phenomena of relevance to the understanding of psychiatric illness.

Chance (1959) has pointed out that the conceptualisation and description of psychiatric illness in terms of disturbances in the sphere of interpersonal interaction and relationships has occupied a central position in psychiatric theory. Many behavioural and affective variables relevant to the study of psychopathology have, over the last few years, become recognised as having important interactional components (Chassan, 1967). A situation is required in which patients' interactions and habitual ways of relating to other people may be observed over long periods. A number of writers, including Janis (1958) and Greenacre (1954), have stressed the advantages of the (individual) psychotherapy situation as a method of observing over a long period a wide range of interactions, of varying emotional depth, between the patient and a central 'other-person', the therapist. Group psychotherapy has the additional, major advantage of permitting the observation of a much larger range of interactions and relationships. Thus, Bossard (1945) has calculated that no fewer than 966 relationships are possible between pairs and subgroups of members of a 7-person group. Since in group analytic psychotherapy, extra-group contacts between patients are prohibited, the entire inter-member interaction is exposed to observation by the group conductor and research worker.

These observations may also assist in the development of methods of describing and classifying patients. An American worker, J.D. Frank, suggests: "If chronic disturbances in interpersonal relationships are seen as both the cause and expression

of neurotic illnesses, then the most meaningful classification of such illnesses would be in terms of patients' characteristic ways of relating to others. Such a classification is, of course, very difficult to achieve. Yet study of patients' behaviour in therapeutic groups..... raises the hope that it can be done" (1953, p.120). Many British clinicians (e.g. Foulds, 1965) would agree that it is personality disorders, rather than neurotic illnesses, which are expressed by way of disturbed interpersonal relationships and which may be classified in these terms.

ii. 'Social Psychological' Reasons. In addition to these clinical reasons, the investigation of psychotherapy group interaction may also have important implications for the study of small groups in general.

a. Possibility of Observation. The investigation of psychotherapy groups may be capable of providing information about the interactions of small groups which is unobtainable in any other way. For example, Tuckman (1965) has pointed out that long-term studies of longitudinal processes within groups are very rare. The main reason for this is practical. Groups of volunteers, even when paid, can seldom be persuaded to meet regularly over a period of weeks or months. While some 'naturally-occurring' groups, such as committees, or groups in the work situation, may meet over long periods the members may not wish to have their interactions observed. Even if they are willing, the place of meeting, e.g. a factory, may impose practical limitations upon the range of observations which can be made.



These restrictions can be overcome by the study of psychotherapy groups, which continue to meet over long periods. Those run according to group analytic principles, with out-patients, typically meet weekly for over a year and frequently for two or three. During this time, the membership is often virtually unchanged. Also they meet in circumstances which allow their interactions to be observed and analysed. Usually, the therapists and patients permit the group meetings to be tape-recorded or to be observed by a non-participant observer through a one-way vision screen.

It might be argued that psychotherapy groups are so unlike any other type of small social organisation that no generalisation is possible; processes observed in psychotherapy groups are probably unique to them and are unlikely to be found also in other types of group. It is of course the responsibility of individual workers to estimate the extent to which results may be generalised to populations other than the experimental one. However, there are grounds for considering that processes observed in psychotherapy groups may have wider relevance. The patients who are treated by group psychotherapy are usually more similar to normals than are most psychiatric groups. They tend to be neurotic rather than psychotic, and also are frequently out-patients, so that although their problems may be severe, they are nevertheless capable of functioning adequately in many areas. Hence they may not be very markedly different to the 'normal volunteers' used in most group studies in their reactions to, and behaviour within, the group situation.



b. Extending Range of Variables. The second reason why an analysis of group psychotherapy interaction might produce information of relevance to small group psychology in general emphasises the differences, rather than the similarities, between psychotherapy and non-therapy groups. It is frequently pointed out that a very large proportion of the findings of the general field of small group psychology have been obtained from studies involving a very narrow range of variables (Borgatta et al., 1956; Borgatta and Cottrell, 1957). Most small group studies are of ad hoc, 'non-functional' groups, brought together only for the purposes of the study (Strupp, 1960b), and which meet only on one or two occasions. Mann (1961), Slavson (1962) and others have argued that the generality of findings obtained from these 'experimental - laboratory' groups must be tested on groups such as psychotherapy groups. Comparative studies of this type would benefit group psychotherapy also, since they would indicate the extent to which the findings of other branches of small group psychology could be applied to the description of psychotherapy groups (Scheidlinger, 1960; Kräupl Taylor, 1961). Despite the obvious benefits of attempting to integrate group psychotherapy with small group psychology in general, this has scarcely been attempted. Scheidlinger (1960) suggests three possible reasons for this. The first is the unfamiliarity of most group psychotherapists with social psychology research, and in particular with small group studies. It may be added that an additional reason is the equal ignorance of group psychotherapy shown by most social psychologists.

Scheidlinger's second reason is the emphasis which many group therapists place on individual patients, which tends to direct their interest away from group processes. Finally, he notes that the conceptual emphasis of group psychotherapy is very different from that of small group psychology. The former often stresses the irrational unconscious factors underlying leadership, group interactions, etc; the latter tends to account for these group phenomena in terms of manifest observable group processes. The terminology and concepts used by social psychologists appear to be remote from those used by group psychotherapists and vice versa.

D. The Present Investigation.

There thus appear to be a number of potential advantages for psychiatry in general and for small group psychology, as well as for group psychotherapy, in the investigation of the interactions occurring within small psychotherapy groups. As noted above, it is possible to study either the 'process' or the 'structure' of within-group interaction. The present work reports an investigation of group process.

DEVELOPMENTAL PROCESSES IN VERBAL INTERACTION.

INTRODUCTION.

A. Area of Study.

This study concerns the development of within-group interaction. The inter-member interaction occurring within psychotherapy groups, as indeed within small groups of any type, may be either verbal or non-verbal. The developmental processes which influence these interactions may operate over relatively long or relatively short time spans. The present investigation is of verbal processes, and their long term development. In this Section, the reasons why these aspects were selected for study will be discussed.

1. Verbal Interaction. The term 'interaction' refers to all behaviour with which individuals respond to one another in a social situation.

i. Verbal and Non-Verbal Interaction. It is usual to distinguish between verbal, and non-verbal, interaction and communications (Bales, 1950a,b). Non-verbal communications include actions and gestures (Haggard and Isaacs, 1966) and eye-movements (Argyle, 1967).

ii. Reasons for Study of Verbal Communication. Hare (1962) has noted that in almost all research into group interaction it has been only verbal behaviour which has been recorded. It thus appears that the greater need is for research into non-verbal behaviour. However, the decision to study verbal interaction in the present investigation was taken for the following two reasons:

a. The Importance of Verbal Interaction. Verbal interaction has occupied a central position in small group theory (Hare, 1962). This reflects the importance of these interactions in enabling group members "to maintain simultaneous orientation towards one another" (Newcomb, 1953). That is, members may pass information to one another, express approval or disapproval, and in general exchange the many other communications necessary for the group to maintain itself in existence, and carry out its task.

In addition, there is widespread agreement among psychotherapists as to the central importance of verbal communication to the psychotherapeutic process. Thus one of Foulkes and Anthony's (1957) three prerequisites for group psychotherapy is that the group should rely on verbal communications. Not only is inter-member communication primarily mediated by linguistic symbols, but in psychotherapy "communication is used as a therapeutic tool" (Ruesch, 1952, 1957). The importance of the concept of communication in psychiatry has been emphasised in recent years, in particular in the United States by writers such as Ruesch and Gregory Bateson. They summarise their position thus: "Psychiatric therapy aims at improving the communication system of the patient....the psychotherapist aims at restoring a broken-down system of interpersonal communications on a semantic or interactional level..... Regardless of the school of thought adhered to, or the technical terms used, the therapist operations always occur in a social context. Implicitly, therefore, all therapists use communication as a method of influencing the patient" (Ruesch and Bateson, 1961).

Greenhill (1958) goes further: "Communication is the rubric of the psychotherapeutic method. The psychotherapist is the expert in one-to-one communication and relies upon its devices to achieve his goals. Communication is so fundamental to the action of psychotherapy that....movement and results in psychotherapy are largely dependent upon it more than any other factor."

Foulkes and Anthony (1957) point out that verbalisation, and the process by which a patient becomes aware of his mental conflict, are closely related. The extent to which patients are able to verbalise and communicate their problems reflects the extent to which they are aware of them.

A further reason for emphasising verbal interaction, many clinicians would suggest, is that by putting his thoughts and feelings into words a patient may be able to spare himself distressful subjective tensions, or self-destructive 'acting-out' behaviour.

The investigation of verbal processes is therefore central to the understanding of both small groups in general and psychotherapy groups in particular.

b. Ease of Investigation. A second reason is less fundamental, although nevertheless important. It is that the technical problems involved in the recording and analysis of verbal data are considerably less than those involved in the study of non-verbal interactions (Deutsch, 1966; Haggard and Isaacs, 1966). At a time when so little is known about either aspect of group psychotherapy interaction, it seems reasonable to concentrate upon those topics which allow data to be most readily obtained.

2. Long-Term Group Development. It is customary to distinguish between two types of developmental process operating

within small groups (Hare, 1962). One of these influences the development of the groups over a relatively long time span; these will subsequently be referred to as 'developmental processes'. The other processes serve to maintain the group in 'equilibrium' over short periods; these will be referred to as 'equilibrium-maintaining processes'.

i. Developmental and Equilibrium-Maintaining Processes.

a. Developmental Processes. Groups which meet over a period of time - which may be a single occasion or may extend over several sessions - characteristically undergo a variety of changes in the form and content of their interactions. These changes may be observed both within single sessions (Bales, 1950a) and over a series of sessions (Hare, 1962). Interaction is "a sequence of qualitatively different activities of human individuals which is distributed in time and individuals in such a way that seems to be organised and patterned in a great number of ways" (Bales, undated).

Among the most important developmental changes which occur are those 'social-emotional' ones which over time transform a mere aggregate of discrete individuals into a cohesive, co-operative 'small group'. These processes are concerned in the development of stable sets of norms and roles, and of a network of interpersonal 'likes' and 'dislikes' (Znaniecki, 1939; Sherif, 1954). Other developmental processes relate to the group 'task', and involve the establishment of a set of aims and goals shared by the members in common, and the carrying out of group behaviour appropriate to the achievement of these goals (Hare, 1962).

Developmental processes operate over relatively long time-spans - at least a single session and usually considerably longer. They will be discussed in more detail below.

b. Equilibrium-Maintaining Processes. The other set of social processes operating within groups are those which are responsible for the short-term fluctuations, as opposed to the longer-term trends. These fluctuations serve to maintain the group in existence by effecting intra-group changes in response to disturbances produced either by the external environment, or by the activity of a group member or members. Another function is to modify the organisation and activities of the group so that any disturbances of this sort do not deflect it from developing in the directions determined by the long term trends.

The concept which underlies the explanation of these fluctuations is that of 'equilibrium'. This concept has been discussed by several writers, including Lennard and Bernstein (1960) and is something of a corner-stone of sociology. Lennard and Bernstein relate the idea of dynamic equilibrium, the tendency of a system to maintain a steady state (von Bertalanffy, 1957), to Cannon's notion of 'homeostasis' - the tendency of organismic systems to maintain their "essential variables with physiological limits" (Ashby, 1954,p.15).

Bales and Slater (1955) state: "There appears to be something underlying the observed overt behaviour which has a continuity and a persistence through time. It seems to act like an accounting system which takes account of deficits and surpluses that appear within given small time spans in such a



way as to tend towards restoration of certain balances in quality and distribution of action among members over long time spans" (p.273). Spiegel (1954) notes that "...if two people relate to each other at all, they become involved in a system of transaction characterised by mutually regulative processes....".

ii. Reasons for Study of Developmental Processes. There are three reasons for the decision to investigate developmental rather than equilibrium-maintaining processes.

a. The 'Active Component' of Therapy. It is likely that it is in these developmental processes that the 'active components' of therapy will be detected. If group psychotherapy is effective as a treatment method, and produces major changes in group members, this is presumably due to some feature of the group interaction. Presumably also this feature is not present during the initial stages of the life of the group, but develops subsequently over time (Foulkes and Anthony, 1957). As argued above, it is important that the 'active components' of group psychotherapy should be identified so that methods may be found of maximising them. A first step in the isolation of these components is to find the various ways in which a psychotherapy group does develop over time, and thereafter to discover whether any of these changes are unique to psychotherapy groups.

b. Gaps in Present Knowledge. A second reason is that there appears to be a greater need at present for the study of long-term processes. There have been several investigations of equilibrium within small groups e.g. Bales, 1954; Chapple and



Arensberg, 1940), but there has been very little empirical research into the long-term development of small groups of any type (Hare, 1962).

c. Ease of Investigation. Finally, developmental changes which occur over long periods are probably more readily detectable than those which occur over a restricted time span (Bales, 1950a). As argued above, it seems reasonable at present to concentrate upon those areas which are most readily investigated.

As will be discussed in more detail below, the present study is an attempt to isolate important ways in which the verbal interactions of psychotherapy groups develop over time. In the following Section, previous studies of this type will be reviewed and discussed.

## B. Previous Investigations of the Development of Verbal Interaction in Psychotherapy Groups.

There have been very few investigations of the long-term development of psychotherapy groups, although qualitative, narrative-type accounts are relatively common. Some investigators have conceptualised group psychotherapy as a problem-solving situation, and have attempted to describe the development of psychotherapy groups as a sequence of verbal interactions which is directed towards the solution of a problem. Other investigators have been concerned with more clinically-relevant types of communication.

### 1. Problem-Solving Processes Within Psychotherapy Groups.

The work on this topic had as its starting point the very

influential book 'Interaction Process Analysis' by R.F. Bales (1950a). In this, the development of certain types of small group was conceptualised in terms of a sequence of interaction directed towards the solution of problems. The groups which served as Bales' model were mainly ad hoc groups, assembled in the laboratory and given a mathematical or logical problem which they were required to solve co-operatively. These groups were labelled 'problem-solving groups', a term which was subsequently extended to cover any group engaged in finding the solution to a substantive problem. This included 'naturally-occurring' groups such as decision-making committees, and many groups in industry. In common with Hare (1962), Bion (1961) and others, Bales distinguished between the 'task' and 'social-emotional' problems facing the group. As described above, (p. 6 ), the former are those deriving from the group task i.e. the problem which must be solved. The latter are those which arise from the social relationships which exist between the group members.

Bales' formulation of group development as a problem-solving sequence derived from the analysis of a large number of groups.

1. Method of Analysis. To trace the development of the problem-solving sequence, Bales used the method of content-analysis (Berelson, 1952). In this, the verbal communications of the members are analysed into 'units' - in Bales' case into single, simple sentences each with a subject, verb and object. Next a set of content categories is devised, each category

referring to a different aspect of the meaning of the interactions. Finally, the units are each allocated, on the basis of their meaning, to the appropriate category. The content of the verbal interaction of the group meeting is thus reflected in the number, or proportion, of units in each category. (Content analysis will be discussed in detail below, p.103).

The categories (Bales, 1950b) were intended to describe various aspects of the interaction system at a low level of abstraction. These aspects are so general that they appear in the communications of subjects in any group regardless of the idiosyncratic content of the communications, or of the specific task upon which the group is engaged. Bales (1950c) says of the system: "This classification does not catch content in the usual sense of the term when content is usually taken to mean the subject matter; that is the reference of the symbols used is the interaction, in short, 'what' is being talked about. Our method tries to classify rather what we might call the process significance of the single interaction; that is, the 'pragmatic' significance of each act in relation to prior acts expected to come."

The system comprises twelve content categories:

1. Shows solidarity - raises others' status; gives help, reward.
2. Shows Tension Release - jokes, laughs, shows satisfaction.
3. Agrees - shows passive acceptance, understands, concurs, complies.
4. Gives Suggestion - gives suggestion or direction, implying anatomy for others.
5. Gives Opinion - gives opinion, evaluation or analysis; expresses feeling, wish.

6. Gives Information - gives information, orientation; repeats, clarifies, confirms.
7. Asks for Information - asks for information, repetition, confirmation.
8. Asks for Opinion - asks for opinion, evaluation, analysis, expression of feeling.
9. Asks for Suggestion - asks for suggestion, direction, possible ways of action.
10. Disagrees - shows passive rejection, formality; withholds help.
11. Shows Tension - asks for help; withdraws out of field.
12. Shows Antagonism - deflates others' status; asserts self.

These 12 categories can be telescoped into 5 larger ones, three of which describe 'task' behaviour and two 'social-emotional' behaviour:

- |                     |   |                     |
|---------------------|---|---------------------|
| 'Orientation'       | - | Nos. 6 and 7        |
| 'Evaluation'        | - | Nos. 5 and 8        |
| 'Control'           | - | Nos. 4 and 9        |
| 'Positive Reaction' | - | Nos. 1, 2 and 3.    |
| 'Negative Reaction' | - | Nos. 10, 11 and 12. |

ii. The Problem-Solving Sequence. The development of the problem-solving sequence was studied empirically by Bales and Strodtbeck (1951). They content-analysed the communications of a large number of problem-solving groups, each of which met only on a single session. The results suggested strongly that when solving a problem, small groups go through a characteristic sequence of activity. In the 'task' sphere, there is an initial phase of 'Orientation', with a high proportion of communications in categories 6 and 7. During this phase the members discuss the nature of the task and how it should be approached. This

is followed by an 'Evaluation' phase, during which evidence relevant to the problem is analysed and evaluated. Finally, there is a 'Control' phase in which the members decide upon how the problem should be solved and carry out the relevant activities. This 'Orientation-Evaluation-Control' sequence is paralleled by changes in 'social-emotional' communications. Negative reactions increase in frequency. Members disagree with one another over how the problem should be tackled and over the solution; some members give instructions to, and over-rule others. This leads to resentment and hostility within the group, which is reflected in a greater number of communications in Categories 10-12. However, Positive Reactions (communications in Categories 1-3) also increase, because once the task-relevant decisions have been taken, the members are able to devote more time to their social relationships.

These findings of Bales and Strodtbeck have been confirmed in many subsequent analyses of problem-solving groups (Hare, 1962).

iii. Psychotherapy Group Development. Although Bales himself intended his formulation of group development to apply only to problem-solving groups, several attempts have been made to describe the development of psychotherapy groups in terms of a problem-solving sequence.

a. Development Within Sessions. Some investigators have tried to discover problem-solving trends within single group sessions. Talland (1955) analysed 18 sessions selected from four group-analytic groups. Smith et al. (1962) replicated Talland's study, using a 'non-directive' group of offenders.

Both studies showed that 'Orientation' was prominent during the early part of sessions, and 'Evaluation' during the second phase, although these differences were not statistically significant in Smith et al.'s group; Talland did not report statistical significance. The main 'task' activity difference between Bales' findings and those of Talland and Smith et al. was in the absence in psychotherapy groups of a 'Control' phase. The 'social-emotional' results were very different in the problem-solving and psychotherapy groups. The findings of Psathas (1960) were in contrast to those of Talland and Smith et al. Psathas' was a well-designed study of 9 sessions, selected from each of two four-patient analytic groups. His results were very similar to Bales'.

b. Development Between Sessions. Talland (1955) also compared the category frequencies obtained from sessions at different stages of treatment. 'Orientation' tended to decrease and 'Control' to increase over time, but not very systematically. Unfortunately, different groups were analysed at the different stages so that the meaning of these changes is by no means clear. Munzer and Greenwald (1957) analysed three successive sessions of a psychotherapy group, but no systematic trends emerged. Psathas (1960) selected 9 sessions - three from early in therapy, three from approximately the middle and three from later in the life of the groups. Again, comparison of the allocation of units to categories of the three stages revealed no major differences.

One study which did show systematic tendencies was that of Lennard and Bernstein (1960). Eight dyadic ('individual')

psychotherapies were each studied over the first 50 hours of treatment. The combined results showed that the frequency of 'Orientation' communications decreased until the beginning of the 4th month of therapy (i.e. about the 30th hour), after which it stabilised. The frequency of 'Evaluation' interactions increased during this time, until it also reached a plateau at around the 4th month.

iv. Evaluation. Two topics will be discussed - a. the usefulness of conceptualising psychotherapy group development in terms of a problem-solving sequence and b. the usefulness of Bales' category system in the description and analysis of psychotherapy group activity.

a. The Problem-Solving Sequence. Bales' conceptualisation is clearly of great importance for the description of the developments occurring within single sessions of problem-solving groups, although its relevance to those problem-solving groups which meet over an extended period is not clear. On the other hand, the results of several studies suggest that the hypotheses may be of considerably less value in the analysis of psychotherapy group interactions. Systematic trends may exist - for example, 'Orientation' appears to decline and 'Evaluation' to increase, - both within single sessions and, possible, over a series of meetings. However, there is no evidence that the sequence of 'task' and 'social-emotional' activity characteristic of problem-solving groups are observable in psychotherapy groups also.

Indeed, it is less surprising that these sequences have not been found than that they should have been expected.



Bales defined with great precision the types of group - 'problem-solving' - to which his hypotheses were applicable. Psychotherapy groups are occasionally referred to as 'problem-solving', in that their members have problems which require to be solved e.g. "..... a psychotherapy group may be viewed as essentially a problem-solving group" (Lennard and Bernstein, 1960, p.62).

However, the application of Bales' criteria shows that they differ in several major respects from the problem-solving groups defined by him. Among these criteria are the following three:

1. "That there should be pressure towards solidarity in the group, and hence tension should be negatively valued, and disruptive feelings and communications sanctioned against."

Most group psychotherapists state that a major feature of psychotherapy groups is the absence of normal social restraints (Foulkes and Anthony, 1957). This enables the members to express openly their feelings, negative and positive, towards one another (Beck, 1958). Indeed, this expression is encouraged, so that where a group fails to maintain a minimum level of disturbance the therapist may introduce disturbance by an appropriate interpretation or evaluation (Talland, 1955).

2. "The period (of the group meeting) should involve discussion and solution of a single topic only". (Bales, 1950a) states that the problem-solving sequence is not found in groups not engaged with specific problems of group planning and decision, and gives psychotherapy groups as an example of these.
3. "There should be pressure for a group decision to be reached within a specified time-limit". This is probably the major condition which psychotherapy groups fail to satisfy.



There is no need for a solution to be reached (Psathas, 1960) nor is a time-limit applied (Talland, 1955), the members being free to spend as long as they wish on any topic.

Therefore there appear to be several reasons, both theoretical and empirical, why it is not profitable to conceptualise the development of psychotherapy groups in terms of a problem-solving sequence.

b. The Category System. It might be argued that Bales' category system, even in the absence of adequate theoretical underpinnings, may provide a productive approach to the quantification and analysis of psychotherapy group interaction. Against this, many writers have criticised the categories as being too abstract and general to be of 'incisive value' in psychotherapy research (Strupp et al., 1966) and as being too far removed from what is actually said during the interaction (Strupp, 1962a).

2. Studies of Clinically-Relevant Communications. A second group of studies focusses on the more specifically clinical aspects of the therapy situation and upon communications which are held to be of therapeutic relevance. However, with one exception, none of these studies traced developments in verbal interactions over time.

Several studies merely described, quantitatively, the communications occurring within single group sessions. For example, the time spent on various topics was assessed by Coffey et al. (1950), and the number of personal pronouns used was counted by Conrad and Conrad (1956). Steinzor (1949) devised a category system for describing group meetings, but

but probably because of its extreme complexity and only moderate inter-scorer reliability it seems not to have been used since Steinzor's initial demonstration. Systems for describing minute-to-minute fluctuations in the global 'atmosphere' of a group were devised by Thelen (1954) and by Joel and Shapiro (1949) although neither system appears to have been used in a published study. These systems are not suitable for the detection of long-term developmental trends and since their scoring requires considerable clinical judgment, and interpretation, the inter-scorer reliability may well be unsatisfactorily low. Comparisons of the intra-group verbalisations of different types of patients have been carried out by among others, Roberts and Strodbeck (1953) who compared paranoid schizophrenics and depressives and Zimet (1960) who studied patients with different 'character defences'.

Other studies related therapeutic outcome and various aspects of the amount or content of the intra-group communications of the patients (e.g. Smith et al., 1960) or of the therapist (e.g. Dittman; 1952, Semon and Goldstein, 1957). One such study provides the only example of an investigation of changes in intra-group communication over time. Peres (1947) showed that patients who were subsequently assessed as having benefitted from treatment made more references to personal problems during the second half of therapy than during the first half. Patients who did not improve did not show this trend.

3. Summary and Conclusions. The main attempts to discover developmental processes in the verbal interactions of small

psychotherapy groups have taken as their starting point Bales' account of the problem solving sequence. However, in several important respects, psychotherapy groups cannot be regarded as 'problem-solving' groups as defined by Bales. The results of most of the longitudinal studies confirmed that psychotherapy group interaction does not conform to the problem-solving sequence. Bales' content categories appear to be too far removed from the specific content of interaction to be of great value in the analysis of psychotherapy group development.

There appears to have been only one study in which the development of clinically-relevant communications has been traced, and as this study (by Peres, 1947) was mainly concerned with therapeutic change, it provides little information.

The conclusions from this review of previous quantitative studies is that they shed almost no light upon the group development processes operating within psychotherapy groups. Moreover, they do not even appear to provide a basis for future investigations, which must therefore look elsewhere for their starting point.

C. The Present Investigation: Outline of Problem and Approach.

1. The Problem. It has been argued above that the investigation of longitudinal developmental changes in verbal interaction is important for an understanding of the functions of psychotherapy groups both as therapeutic and as social systems. The problem with which the present study is concerned is the isolation of systematic trends over time in these verbal interactions, in particular in those aspects of them which appear

to be of group-developmental or therapeutic relevance. The distinction has been made previously between the 'content' and the 'form' of interactions; the present study concerns trends in both areas.

2. The Approach. Since the previous empirical investigations of group psychotherapy do not appear to provide an adequate basis for future research, the present study will take a different starting point. As will be discussed below, there exist in the small group and group psychotherapy literature a large number of non-quantitative, usually narrative descriptions of group interaction and development. These accounts will be reviewed, with the purpose of deriving hypotheses about ways in which the verbal interactions of groups change over time. These hypotheses will then be tested in an empirical investigation of psychotherapy groups.

3. Selection of Variables for Investigation. When the relevant literature was reviewed, a large number of variables suggested themselves for possible investigation. The selection, from among these, of the variables investigated in the present study was guided by the following three criteria:

i. that on theoretical grounds the variables appeared to have important implications for the development of psychotherapy groups as social or as therapeutic systems.

ii. that on the basis of the uncontrolled observational or theoretical accounts, predictions could be made relating the variable to the longitudinal development of verbal interactions within psychotherapy groups and

iii. that it would be possible to investigate the variable objectively and quantitatively.

4. Variables Selected. In this way, variables in five main areas were selected. The areas were:

- i. the process of group socialisation
- ii. group members affective relationships with one another.
- iii. the generalisation of events, interactions etc.  
which occur within the treatment situation to those  
outwith therapy and vice versa.
- iv. the adoption by the patients in the group of some of  
the aspects of the therapist's role, and
- v. the distribution of communications among the group  
members.

This final area concerns the form of the verbal interactions whereas the others relate to the content of the interactions.

These final areas will be examined in detail, the relevant literature reviewed and hypotheses derived, in the next Section.

REVIEW and DISCUSSION of LITERATURE.

A. Socialisation.

1. The Process of Socialisation.

i. Definition. Above, it was noted that among the features which distinguish a small group from a mere collection of discrete individuals are the following three (Znaniecki, 1939; Sherif, 1954): First, that the members have some aims or goals in common. Second, that the members develop a set of norms i.e. "agreements....about the behaviour group members should or should not enact....." (Thibaut and Kelley, 1959). These norms "given a set of goals,..... define the kind of behaviour which is necessary for, and consistent with, the realisation of these goals" (Bates and Cloyd, 1956). The third is that a stable set of roles develops. Roles are norms which apply to a single member, rather than to the group as a whole (Hare, 1962). Implicit in any role are certain expectations regarding rights and obligations i.e. what the individual in the role can expect to receive from others and what others, in turn, are entitled to expect from him (Sarbin, 1954). Group members may come to a group with very different expectations about the purpose and goals of the group, about the types of behaviour which are appropriate and about the position in the group which they themselves will occupy: "A new member enters a group with a great variety of expectations already framed" (Stogdill, 1959). Socialisation is the process by which the group members are instructed, induced or coerced into agreement about the aims, norms and roles so that a stable group may develop. Once agreement has been achieved, the socialisation process is responsible for maintaining agreement. Thibaut and Kelley (1959) recognise this function of

socialisation in their definition of 'norms', which are said to exist only where there are "social processes to produce adherence to these agreements".

The term 'socialisation' therefore "designates the processes by which people selectively acquire the value and attitudes, and interests, skills and knowledge - in short the culture - current in the groups of which they are, or seek to become, a member ....(it) takes place primarily through social interaction with people who are significant for the individual" (Merton et al., 1957, p.287).

ii. Methods of Socialisation. The main ways in which norms can be transmitted have been distinguished by Thibaut and Kelley (1959) and by Riley and Cohn (1958).

a. Information-Giving. A group leader may describe the norms which he expects to develop within the group e.g. the patterns of behaviour which he considers to be appropriate to the purposes of the group. Members may state what their expectancies are of other members.

b. Evaluation of Relevant Activity. Within a group, members are in a position to maintain a considerable degree of surveillance over one another. A member can evaluate the behaviour or attitudes of other members and indicate the extent to which these conform to what he perceives the requirements of the situation to be.

c. Imposition of Sanctions. 'Rewards' or positive sanctions may be applied by the group to encourage conformity in its members; conversely negative



sanctions may be applied in order to discourage behaviour not in accordance with the group norms"..... the group has two interests in the individual - to suppress wishes and activities which are in conflict with the existing organisation, or which seem the starting point for social disharmony, and to encourage wishes and actions which are required by the existing social system" (Thomas et al., 1933, p.70).

iii. Socialisation and Group Development. From the above discussion it will be apparent that the socialisation process has a crucial role in the development of groups, in particular during their early stages. Failure to produce agreement about the aims, norms and roles of the group will be likely to lead to its total disintegration (Thibaut and Kelley, 1959) or to its breaking into sub-groups working at cross-purposes with one another (Frank et al., 1952). Socialisation activity may be particularly prominent among the early interactions of the group. However, once agreement is reached on the various aims, norms and roles, socialisation is likely to be less necessary. Socialisation activity may therefore account for a relatively small proportion of the total interactions occurring late in the life of the group (Lennard and Bernstein, 1960).

iv. Importance of Socialisation for Psychotherapy Group Development. While an adequate period of socialisation is essential for the development of any group, there are reasons for considering that socialisation is particularly important in the development of psychotherapy groups. The amount of socialisation which a group requires before agreement is reached regarding its aims and purposes, and before stable



sets of norms and roles are established, is probably determined by the content of these aims, norms and roles, and by the members of the group themselves. In both cases, psychotherapy groups may require more socialisation than most types of group.

a. The Group.

Aims and purpose: Patients frequently enter psychotherapy with inappropriate expectations regarding the aims and purposes of treatment. They may expect treatment extending over a few sessions, instead of over many (Lennard and Bernstein, 1960). They may expect physical rather than psychological treatment (Foulkes and Anthony, 1957). They often disagree with the therapist about the nature of their illness. Cartwright and Cartwright (1958) state: "There is often little resemblance between what the patient believes is wrong with him ..... and what is eventually cleared up" (p.175). Foulkes and Anthony describe patients of this type. For example, some present with somatic symptoms and are concerned only to have these removed, having no interest in uncovering any psychological problems underlying the symptoms. Before these patients are willing to participate in psychotherapeutic treatment it may be necessary to discuss with them in some detail the relevance of the treatment to their illness and to clarify its aims and purposes.

Group norms: The behaviour which psychotherapy group members are required to engage in may also lead to more socialisation being necessary. As indicated above, the behaviour which is expected of psychotherapy group members is unlike that in any other type of group. For example, in most social

situations, rational behaviour is valued and the expression of emotion is discouraged. However, in psychotherapy groups, the irrational is accepted, patients may show their feelings openly, and 'taboo' topics may be discussed (Foulkes and Anthony, 1957). As Beck (1958) points out, psychotherapy groups are not merely permissive; the patients are required to violate norms to which they have become accustomed in other social situations.

It is not likely that patients find this easy. They may take some time to recognise what is expected of them. Even when they do so, they may not have sufficient confidence to engage in these activities without considerable encouragement and support from the group conductor.

Group roles: The roles which members are encouraged to take in psychotherapy groups may also conflict with their expectations and wishes. Several studies have shown how patients' expectations conflict with the views held by the therapist (e.g. Apfelbaum, 1958). These expected roles also differ considerably from the actual roles which the patients are required to adopt (Goldstein, 1962). Foulkes and Anthony (1957) suggest that in many cases the patients initially view the therapist as an autocratic leader of the same sort as the leaders to whom they had been accustomed in the past. They "conduct their treatment in the form of question and answer. They ask the 'expert' and he gives them an answer" (p.165). However, the group conductor is not autocratic and instead poses counter questions or throws them open to the group. The patient "must reorientate himself away from the doctor-

doctor-to-patient axis, and towards the patient-to-patient axis" (p.165).

b. The Individual Member. There are probably big differences between individuals in their ability to acquire social skills and to become socialised into a group (Argyle, 1964). Most patients being treated in psychotherapy groups are probably deficient in this ability, since they have a history of failure to adapt adequately to social situations. Lennard and Bernstein (1960) point out that most patients entering psychotherapy are "starved of affection....because their learned interpersonal behaviour prevents them from doing the appropriate things to cause others to like them".

c. Consequences of Failure to Develop Appropriate Norms. There are two possible consequences to a psychotherapy group if the socialisation process does not succeed in developing the required norms.

Group disintegration: One possible consequence is that some members will leave the group, or that the group as a whole will break up. Chance (1959) and Gliedman et al. (1957) showed that when patients in individual psychotherapy had norm-expectations which differed greatly from those of the therapist, the patient tended to drop out of treatment. Lannard and Bernstein (1960) showed that there is a high positive correlation between degree of dissimilarity of expectations and the amount of 'strain' in the therapeutic situation, as measured by premature termination of treatment, broken appointments etc. "When both members of a dyad are in agreement regarding their reciprocal obligations and returns,

there is consensus or similarity of expectations and harmony or stability occurs in their interpersonal relations. If expectations are too dissimilar, the social system disintegrates unless the differences can be reconciled" (p.153).

Adoption of inappropriate norms: The failure of a psychotherapy group may also show itself in the adoption by the group of norms which are inappropriate i.e. which do not further the therapeutic processes. Such groups may remain as discussion groups with norms similar to those of any other 'social' group. At the other extreme the groups may disregard the prohibition of extra-group contact and may engage in all types of 'acting-out' behaviour.

In summary therefore, while an adequate period of socialisation appears to be essential for the development of any group, the development of psychotherapy groups may be particularly dependent on such a period. The aims, norms and roles which the members are required to agree to and adopt are very different from those which had been expected, or of which they had had previous experience.; the patients themselves might not socialise readily.

If for any reason a group fails to become appropriately socialised, it may break up, so terminating prematurely the treatment of its individual members. Alternatively, it may remain in existence as a group but fail to engage in those activities which are conducive to the therapeutic process and whose presence distinguishes psychotherapy groups from other types of social system.

2. Previous Studies of Socialisation and Psychotherapy Group Development. There have been no empirical investigations of socialisation occurring within psychotherapy groups as they

develop over time. However, there have been many narrative accounts of psychotherapy group development.

i. Narrative Accounts of Psychotherapy Group Development.

The most detailed study is that of Tuckman (1965) who reviewed 26 previously reported narrative accounts of 'therapy groups', in addition to studies of other types of group. Tuckman postulated a four-stage, developmental sequence with parallel developments in both 'social-emotional' and the 'task-directed' interactions.

Stage 1. 'Forming'. The 'social-emotional' aspect of the first stage involves a testing out of the requirements of the situation e.g. the nature of the therapy environment (Powdermaker and Frank, 1953), the kinds of relationships which the therapist will allow (Bach, 1954) and the limits of tolerance of the therapist and group (Mann and Semrad, 1948). This stage of testing may be accompanied by a period during which the members are very dependent upon the therapist for information and advice (Bion, 1961). 18 of the 26 studies reviewed described the 'testing and dependence' stage.

During this initial stage, 'task' development is characterised by attempts both direct and indirect to discover the nature and boundaries of the task e.g. what is to be accomplished and the 'meaning' of therapy (Cholden, 1953) and the methods which are to be used (Powdermaker and Frank, 1953). During this stage, the patient members may show their uncertainty by discussing issues irrelevant to the main purpose of psychotherapy such as immediate behaviour problems and symptoms (Bach, 1954). Stage 2. 'Storming'. Half of the studies identified a stage in which members conflict with the therapist, or attempt to with-

withdraw - psychologically or physically - from the situation. Bion (1961) describes 'fight-flight' activity as being particularly prominent during this period. Powdermaker and Frank (1953) discuss 'sharp reversals of feelings'. A feature appears to be the expression of emotionality by the group members as a form of resisting the techniques of therapy, which require that they 'expose' themselves, and of questioning the usefulness of the treatment (Bach, 1954; Martin and Hill, 1957).

Stage 3. 'Norming'. 22 of the 26 studies refer to a stage during which the group becomes a cohesive unit and develops a sense of being as a group. For example, Bach (1954) identifies a period during which the maintenance of group boundaries is emphasised, and Noyes (1953) describes a stage of group integration. The 'task' activity of this stage is held by many of the accounts to involve the discussion of highly intimate personal problems (Mann and Semrad, 1948) and the exploration of the dynamics of the group (Bach, 1954; Powdermaker and Frank, 1948; Martin and Hill, 1957).

Stage 4. 'Performing'. Although almost all the accounts refer to the final stage as being one in which the group serves its therapeutic function, the exact nature of this function is seldom made explicit. During this period there is a minimal interference with the task-directed behaviour, because the group has previously settled the problems concerning the task requirements of the situation and the interpersonal interactions between members.

Bach (1954) and Bion (1961) both refer to the group at this stage as the 'work-group' and the majority of writers consider it to be characterised by the attainment of the desired

goal i.e. insight by the members into their own problems, modification of their personality in the desired direction or whatever other aims had been formulated.

Several other narrative accounts, most notably that of Foulkes and Anthony (1957), were not included among those reviewed by Tuckman. However, their description of psychotherapy group development clearly fits into the above pattern. They noted how groups start by investing the therapist with almost magical qualities, but as he declines to give instructions or to act as an authoritarian 'expert' a period follows during which the members question the usefulness of the treatment, and the role of the conductor and attempt to define the nature of the group. Only when the group has established itself as a group is it possible for the members to respond directly to one another and express their feelings of hostility and sexuality.

Bennis and Shepard (1956), describing the development of groups training their members to deal with 'human relations' problems, characterised the early stages of development as being concerned with problems of socialisation i.e. decisions regarding the form and content of group interactions, the goals of the group and, in particular, members relationships with the authority structure presented by the division of the group into leader and ordinary members. Theodorson (1953) suggested that the establishment of norms for dealing with intra-group problems, such as those of discipline, is a feature of the later stages of group development.

ii. Empirical Studies. Although there have been no empirical studies of socialisation within psychotherapy groups,



one investigation of psychotherapy dyads is relevant.

Lennard and Bernstein (1960) analysed sessions from within the first 50 hours of therapy of each of eight psychotherapy dyads - a total of 101 sessions in all. The communications made by patients and therapists were analysed according to content. It was assumed that one of the ways in which patients become socialised into their role as patients is through the references which the therapist makes to this role, and by the patients' own questions and discussion. The number of patient and therapist propositions which referred to their roles during therapy, to the process of therapy and to the aims, purposes and achievements of therapy was counted.

The proportion of these communications relative to the number of communications of all types declined steadily over the eight or nine months during which the dyads were studied. Whereas at the beginning of treatment, these communications accounted for over 20% of the therapist statements, and over 15% of the patient statements, after 50 sessions they accounted for only about 7% in each case.

3. Outstanding Problems. The above discussion suggests that two major problems within this general area of 'socialisation' require to be investigated further.

i. Confirmation of Postulated Development Trends. The first problem is to provide empirical evidence for the narrative accounts of group development. These narrative accounts showed a large measure of agreement in suggesting that whereas the early stages of group development are characterised by much discussion of the aims, norms and roles of group psychotherapy,



there is a decrease in emphasis on these topics as the group continues in existence. However, because of their lack of scientific rigour, these accounts cannot be accepted as valid evidence. They were usually based on the unsystematic observations of group therapists; the inter-observer reliability of such accounts is known to be low (Walton and McPherson, 1963). They were uncontrolled and subject to error from many sources including the bias of the observer. Further, they were qualitative rather than quantitative (Tuckman, 1965). On the other hand, since the accounts were usually provided by clinicians with considerable experience of group psychotherapy and detailed knowledge of the specific groups examined, they can be held to provide useful hypotheses which may be tested in subsequent, empirical investigations. These accounts were supported by Lennard and Bernstein's (1960) study of psychotherapy dyads, but there have been no quantitative investigations of psychotherapy groups.

ii. Clarification of Socialisation Communications. A second problem is the clarification of communications referring to socialisation. Several different types of communication were included in the category studied by Lennard and Bernstein, and it might be profitable to study some or all of these types individually.

Communications which refer to socialisation can include

- i. factual statements of what the aims, purpose and methods of psychotherapy and psychiatric treatment are, and of what norms and roles are expected and required
- ii. questions or requests for such factual information
- iii. interpretations and evaluations of the extent to which the activities of the group, or



of individual members, conform to these expectations and requirements and iv. expressions of attitude about the group as a treatment method and about its therapeutic value.

It is possible that factual statements, and questions or requests for information might both show a more marked decrease in frequency than socialisation communications as a whole. As therapy proceeds, patients are likely soon to become aware of what is expected of them, and so do not require to ask for, or to receive, factual information about group psychotherapy. However, although they have this factual knowledge, their actual behaviour in the group may differ from what is required. Patients who are treated in psychotherapy groups frequently have histories of an inability to modify their behaviour in accordance with social requirements. They may misperceive their own interactions so that they believe them to be more in line with requirements than in fact they are (Thibaut and Kelley, 1959). Consequently, interpretation and evaluation of patients' intra-group activity, and the extent to which it conforms to the group norms, may be necessary long after factual information has ceased to be exchanged.

Communications of types i and ii (above) might thus be expected to decline more rapidly than other 'socialisation' communications.

This possibility requires to be investigated.

B. Inter-Member Affective Communications.

1. Verbalisation of Inter-member Affective Relationships.

1. Definition. 'Affective communications' is a very general term which refers to verbal interactions relating to the

attitudes and emotions of the group members. One sub-category of affective communications is that which refers to the group members' attitudes to and emotional relationships with other members of the group; this will be labelled 'inter-member affective communications'. These communications can also be sub-divided into those which involve the direct expression of members' attitudes and feelings towards one another, and those which are evaluations or interpretations of these attitudes and emotions or are questions or statements about them. It is with 'inter-member affective communications' of both types that the present Section is concerned.

ii. Importance for Group Psychotherapy. The description of group analytic psychotherapy which was given above indicated the central importance to the treatment process of the discussion and expression of hitherto unverbaised attitudes and emotions. For most group psychotherapists, the 'work' of the group only begins when the patients are able to express their feelings, in particular those of aggression and sexuality. This expression may be of value in itself, as catharsis, but it may also lead to the patient gaining 'insight' into his difficulties. Foulkes and Anthony (1957) point out that the extent to which patients are able to verbalise and communicate their problems reflects the extent to which they are aware of them.

On the basis of observational analysis of group psychotherapy, Beck (1958) listed a number of possible psychotherapy group norms, or prescribed patterns of behaviour. These

included several which related to the verbalisation of members' attitudes and feelings:

- (i) patients must reveal themselves and their feelings and problems "with complete honesty and directness..... without regard for the usual social controls, or fears he may have of disapproval by the group".
- (ii) they must communicate observations and feelings "both negative and positive toward the analyst and other patients without censorship or regard for the usual traditions of courtesy".
- (iii) they must not "exclude any topic because it arouses anxiety, is culturally taboo, or would reveal socially unacceptable behaviour".
- (iv) they must not "withdraw from communications because of anger, shame or fear"; if they do so, this must be admitted and discussed in the group.
- (v) members are not expected to invoke the actual social courtesy norms in self-defence when their own shortcomings are discussed by others.

Beck did not distinguish between members' feelings for one another and those for individuals not in the group - their parents, spouse etc.

iii. Verbalisation of Inter-Member Affect and Psychotherapy Group Development. Beck argued that intensive socialisation may be necessary before psychotherapy group members are able to discuss their feelings for one another, and in particular before they can express them openly. She pointed out that there are very few social organisations in which affective communications may appropriately be made. Moreover, neurotic

patients frequently come from families in which expression of feeling is suppressed and controlled. Further, as indicated above, patients' expectations on entering the group are such that they do not anticipate discussing these topics. Therefore, affective communications tend not to occur spontaneously in psychotherapy groups and a period of socialisation by the therapist may be necessary before the patients accept that these verbalisations are both appropriate and necessary.

However, mere acceptance may not be sufficient as many writers stress that patients may be unable to verbalise their attitudes and emotions. Foulkes and Anthony (1957) write: "The neurotic patient must learn how to formulate in words his ineluctable experiences.....the language of the neurosis is a private one.... (which) needs to be translated into adult speech before it can be understood. It is one of the group's functions to assist in this translation. The wordless feelings have to be worded. The group analytic situation has been created to encourage the patient to extend his range of communication" (p.128-9). Shakow (1962) refers to this type of learning as 'transference learning' since in individual therapy it is concerned largely with the making explicit of the patient's feelings for the therapist. In group psychotherapy it is probably better described as 'affective learning', since relationships between group members, as well as between patient and therapist, are involved.

It is one of the tasks of the therapist to assist the patients to verbalise their feelings. Foulkes and

Anthony may again be quoted: "In a group-analytic group the force which drives members ..... to interact and communicate is encouraged and cultivated. In such a group therefore we find considerable pressure in favour of communication, in favour of understanding and being understood, in favour of increased consciousness, articulateness and verbalisation. Under this pressure, and with the therapist's encouragement and skill as a translator, the inarticulate, unshareable, autistic symptoms of patients are gradually reshaped in the continual process of communications as ever more articulate formulations of problems" (p.246).

A long period of socialisation may thus be necessary before psychotherapy group members accept that discussion of their feelings and attitudes is necessary, and before they have learned to verbalise what has hitherto been largely unverbaised.

Affective communications are therefore likely to be comparatively rare during the early sessions of psychotherapy groups. For example, they are likely to be far less frequent than communications which relate to the socialisation process. However, as group development proceeds, the group becomes socialised and the members learn to verbalise their feelings, the relative frequency of interactions referring to affect is likely to increase.

## 2. Previous Studies of Affective Communications and Psychotherapy Group Development.

### 1. Narrative Accounts of Psychotherapy Group Development.

The third of the four stages of group development postulated

by Tuckman (1965) is labelled 'Discussing oneself and other group members'. Many of the accounts reviewed by Tuckman described probing and revealing of personal attitudes and emotions at a highly intimate level. Thus, Thorpe and Smith (1953) suggest that the period is characterised by freedom of communication. This free expression persists throughout the remainder of the life of the group. Among other accounts, that of Foulkes and Anthony (1957) stresses that only after the group has established itself is it possible for members to respond directly to one another and to express their sexuality and aggressiveness openly.

That free expression of feeling is possible only after the group has undergone a period of socialisation is suggested by several accounts of non-therapy groups e.g. Thelen and Dickerman's (1949) account of a training group. Bennis and Shepard (1956) argue that it is only when the problems of socialisation have been resolved is it possible to consider problems arising from members' affective relationships with one another. Stock and Thelen (1958) describe a third phase of group development in which the members show a new ability to express feelings constructively and creatively and to use the group as a vehicle for discovering personal relations and emotions by communicating hitherto private feelings.

ii. Empirical Studies. There is some research evidence to support these accounts. In the study of eight psychotherapy dyads by Lennard and Bernstein (1960) mentioned previously, the proportion of communications which referred to patients' affect, and to the patient and therapist in any roles other than their



formal ones, showed a steady increase over time. These communications accounted for only 20% of the total communications during the early sessions, but for over 40% by the fourth month of therapy. Murray (1956) analysed 110 hours taken from 7 different individual psychotherapies and showed that affective communications were more frequent during the second half of treatment, although the difference was not statistically significant.

In a study of two learning groups, Mills (1964) analysed communications which expressed affect openly. Over a period of 65 sessions, the frequency of expression of positive and negative affect increased. Mills related these trends to the development of norms. Direct positive and negative affect can be expressed only by members who closely identify themselves with their roles in the group, and who have accepted that these communications are necessary. An increase in their frequency indicates that group norms have been established.

3. Outstanding Problems. The two outstanding problems are similar to those concerning socialisation, discussed above.

1. Confirmation of Postulated Developmental Trends. The first is to provide empirical support for the various narrative accounts of psychotherapy group development. These agree in suggesting that affective communications become more frequent as group development proceeds. However, as noted above in connection with socialisation, the findings of these narrative studies require to be confirmed and quantified. Such empirical investigations as there have been, have not concerned psychotherapy groups.



ii. Clarification of 'Inter-Member Affect' Communications.

The studies of Lennard and Bernstein (1960) and Mills (1964) failed to analyse 'affective communications' in sufficient detail. For example, they did not distinguish between a patient's feelings and attitudes in general and those which concern other members of the group. It is discussion of the latter, 'inter-member affect', which group psychotherapists hold to be of particular value. Neither did they distinguish between discussion and analysis of members' feeling and the direct, open expression of these feelings. Again it is the latter which are thought of as being central to psychotherapy. A study is therefore required which would be concerned with inter-member affect, and in particular with its direct expression.

C. Generalisation from the Group.

1. The Connection Between Intra - and Extra-Group Experiences.

i. Definition. The next type of communication to be considered is that in which connections are made, or parallels drawn, between a member's experiences within the psychotherapy situation and in the other social groups to which he belongs. A member may note how some of the events occurring in the group mirror those which occur in his family, or at work. Alternatively, the starting point may be the extra-group situation and the member may draw parallels between his experiences there and those in the group.

The parallels may be between the socialisation processes in the different situations. For example, the patient may compare the socialising activity of the therapist with that of his father

or some other key figure in his life-situation. On the other hand, the connections may be between the affective relationships in the different groups. Thus, for example, the patient might compare his relationship with another group member to that with his spouse or with a sibling.

ii. Importance for Group Psychotherapy. Many psychotherapists appear to follow Menninger (1958) in regarding treatment as most productive when the patient engages in easy 'weaving about' between the analytic situation, current reality and childhood events. The connection between intra - and extra-group phenomena is also emphasised during the analysis of the 'transference situation', which is frequently regarded as "the quintessence of all psychoanalytic procedure" (Foulkes and Anthony, 1957, p.39). Through the analysis of the 'transference', his relationship with the therapist, the patient is said to gain insight into his relationships with significant people in his life-situation. In group psychotherapy, it is not only the relationships between patients and therapist which may be used in this way, but also between the patients themselves. Patients' characteristic ways of responding to the other group members may be made explicit and interpreted.

Apart from helping patients to achieve insight as a first step towards modifying their behaviour, there is another reason why they are encouraged to discover and make explicit connections between intra-and extra-group experiences. Beck (1958) and Lennard and Bernstein (1960) point to the danger of patients becoming too well socialised to the psychotherapy group and its norms. These are so different from those of

other social situations that patients attempting to behave in the same way outside the group as they did within it would meet with strong social disapproval. It is not sufficient for a patient merely to acquire the norms of the psychotherapy group; he must also be able "to transfer what he has learned about role patterns in therapy to other significant role relationships" (Lennard and Bernstein, 1960, p.196). One way in which this may be achieved is for the patient to be assisted to recognise the similarities between psychotherapy group and the outside world, and the generic relevance of what he has learned to other role situations. Menninger (1958) states that "it is only when the patient is capable of relating the phenomena of the analytic situation to his own past and present experiences outside therapy, that progress will be made".

iii. Generalisation and Psychotherapy Group Development.

Psychotherapy group patients may initiate communications connecting intra- and extra-group events and relationships only after an initial period of socialisation by the group therapist. There are two main reasons for this. In group treatment, the psychotherapist typically attempts to relate the patient's difficulties, as they are manifested in his intra-group interactions, with those which he experiences outside the group. However, it has been noted that patients frequently enter psychotherapy with inappropriate expectations about the nature of their illness and the purpose of the treatment. They may not recognise the relevance of these parallels, or may actively avoid any discussion of them. Therefore, it may frequently be necessary for the therapist to socialise the

group members into accepting that this generalisation is a central part of therapy, and that progress is possible only when the patients themselves perceive the connections and make them explicit (Foulkes and Anthony, 1957). Moreover, the therapist must also induce the idea that members may help one another by discussing any such connections which they perceive between the intra- and extra- group behaviour of their fellow patients.

However, as with affective communications, knowledge of their importance may not alone be sufficient. Patients may have difficulty in detecting similarities between the two apparently very dissimilar situations provided by the psychotherapy group and by their life-situation. It may be necessary for the therapist to indicate some parallels, and to assist the members to learn to do so also. Shakow (1962) labels this learning 'deutero-learning' and suggests that it is one of three types involved in group psychotherapy, the others being socialisation and learning to initiate affective communications.

For these reasons, few of the interactions occurring during the early group sessions are likely to relate to generalisation from the group to the outside world or vice versa. However, as socialisation proceeds and the patients learn to make these generalisations, the frequency of occurrence of this type of communication is likely to increase.

2. Previous Studies of Generalisation Communications. There have been no empirical investigations of this type of communication, but several narrative accounts mention that it is a

feature of the latter stages of group development. Tuckman (1965) suggests that during the third of the four stages the psychotherapy group becomes a simulation of the family constellation. Beukenkamp (1952) describes the "reliving (of) the process of the family constellation", and the relating to the family situation of observations made in the group. Wolf (1949) describes a stage preceding the final stage of development in which the group becomes a new family and emphasises patients' discussion of topics related to transference to the therapist and to other group members which takes place during this period.

Martin and Hill (1957) suggest that by the fourth of the six stages of development which they postulate, the patients are perceiving similarities between their behaviour in the power-struggle in the group and their behaviour in the life-situation. By the final stage, their main concern is relationships between intra-group phenomena and the larger society. Bennis and Shepard (1956) mention that references to the applicability of group-learned concepts occur more frequently during the latter stages of development, as does Mills (1964).

### 3. Outstanding Problems.

1. Confirmation of Postulated Developmental Trends. It has been postulated in various theories of psychotherapy group development that communications which relate intra- and extra-group experiences become more frequent as psychotherapy proceeds. Although several narrative accounts have noted changes in the predicted direction, there have been no empirical quantitative studies.

ii. Clarification of 'Generalisation' Communications.

Further, in studying these communications, it might be useful to distinguish between those concerning the socialisation process and those concerning inter-person affective relationships. Since it has been predicted above that the group is concerned with problems of socialisation during its early stages, and with problems of affective relationships during its latter stages, there may be parallel differences in the relative frequency of each type of 'generalising' communication. Thus, while the frequency of 'generalising' communications as a whole, and of each of the two sub-categories, may all increase as the group develops, the frequency of 'socialisation' generalisations may decline relative to that of 'affective relationships' generalisations.

D. The Role of the Therapist.

1. Patients' Adoption of Therapist Role.

i. Definition. In the preceding Sections, three functions of the group psychotherapist have been noted. The first is to socialise the group so that the members reach agreement about the aims and purpose of group psychotherapy, the methods by which it achieves its aims, the necessity of engaging in certain types of interaction e.g. affective and 'generalising' communications, and of sharing participation more-or-less equally among the members. The second is to clarify, analyse and interpret members affective communications, and by questioning and encouragement to induce them to initiate such communications. The third function of the therapist is to draw parallels between members intra- and extra-group experiences,

to encourage the patients to do so themselves, and to clarify and interpret any parallels which members draw.

Although these three functions have been described as being those of the group psychotherapist, within a psychotherapy group any member is potentially capable of performing them. That is, a patient might give information about the norms of the group to another member. He might also interpret the affective communications of the other patient, or help him to generalise from the group to the life situation. Insofar as a patient engages in activities of this type he is taking over what can be regarded as the 'therapist's role' in the group. It will be suggested below that one of the changes which occur over time in psychotherapy groups is that, with the group conductor's encouragement, patients increasingly adopt the 'therapist role'.

ii. Importance for Group Psychotherapy. Those group psychotherapists who follow group-analytic principles emphasise that a major feature of treatment is that it allows "the patient to get on with the problem of curing himself with as little interference as possible" (Foulkes and Anthony, 1957, p.62). In contrast to many other varieties of group treatment, group analytic psychotherapy aims to offer the patient "every opportunity and encouragement ..... to cure themselves - and each other" (p.121). Kräupl Taylor (1961) points out that whereas in medicine the physician is customarily active in treating, influencing and advising patients, in group analytic psychotherapy "the onus of activity falls on the patient" (p.13). The extent to which patients have succeeded in adopting the role of therapist is therefore a measure of the extent to which therapy is proceeding as intended. On the other hand, too



close identification with the therapist is discouraged.

While on some occasions patients are expected to adopt the therapist role, on other occasions they are also expected to adopt the patient role. For example, in addition to interpreting the affective communications of other members, they should also themselves openly express their feelings - unlike the real group conductor. Those patients who act only as therapists and who do not engage in the activities expected of patients have been termed 'therapist's assistants' (Frank et al., 1952) and are generally held to derive little benefit from therapy.

iii. Adoption of Therapists Role and Psychotherapy Group Development. Beck (1958) suggests that one psychotherapy group norm, which develops only after a period of socialisation, is that the patients are expected to "assume the role of lay analyst in relation to other patients ..... and to make comments, observations and interpretations of their behaviour ..... " (p.104). Foulkes and Anthony (1957) also emphasise that a period of 'training' is necessary before patients are able to engage actively in the therapeutic process.

The reason for this period of socialisation being necessary is the discrepancy, noted previously (p. 43), between the expectations of the patients, and those of the therapist, regarding the role of the latter. For example, Kelly (1955) suggests that among the patients' expectations regarding the roles which the psychotherapist will assume are "parent, protector, absolver of guilt, authority figure, prestige figure, a possession, a stabilizer, a temporary respite, a

threat, an ideal companion, or a representative of reality". Wolberg (1954) states: "A patient ... may be motivated to find in the relationship with the therapist other things than emotional health. He may thus seek in it a means to power, success or perfectionism. He may regard the relationship as a social experience because he is lonesome, or frustrated in his personal life. He may desire to convert the therapist into a parental figure to satisfy a dependency need. Or he may search for an idealised image of himself in the therapist with which he can identify" (pp.232-3). Chance (1959) found that patients expected therapists to be advice-giving, leading, helpful, sympathetic and affectionate. In general, most patients anticipate an authoritarian system, in which they will take a passive role. They will be given advice, information and treatment, and have the course of therapy controlled for them, by the therapist.

The therapist, on the other hand, attempts to induce the patient to assume an active role in the treatment. He remains passive and does not give the specific guidance or information about the patient's illness or about the development of the group which the patient himself requests. "The group looks to the therapist to give them a lead, but he seems to be waiting as well" (Foulkes and Anthony, 1957, p.130).

A period of socialisation may therefore be necessary before these conflicting expectations are resolved, and the patients realise that they are required to take over the therapist role. The extent to which patients do so, and give socialisation information to one another, and interpret and

clarify each other's 'affective' and 'generalising' communications, is likely to be greater during the latter stages of group development than during the early sessions.

## 2. Previous Studies of the Adoption of the Therapist Role.

Several narrative accounts note that group members gradually take over some of the formal leaders' roles. Bennis and Shepard (1956) observe that the members revolt against the group leader because of his refusal to behave in an authoritarian manner, and that after this revolt, they begin to take over some of the activities which had previously been perceived as being wholly within the sphere of the formal leader. This process continues as the group develops until in some groups the leader has no remaining function and is asked to leave. Foulkes and Anthony (1957) present a similar account. After a phase in which the patients become angry with the therapist for 'deliberately' withholding his advice, they begin to interpret each other's interactions and feelings of hostility and sexuality.

There have been no quantitative investigations.

## 3. Outstanding Problems:

1. Confirmation of Postulated Developmental Trends. The above discussion suggests that as psychotherapy groups develop, activities which were initially engaged in only or mainly by the group therapist are increasingly taken over, and engaged in by patient members of the group. Although some anecdotal evidence supports this suggestion, there have been no quantitative studies.

ii. Clarification of Therapist Role. Three types of

communication were distinguished which, it was argued above, are typically carried out by therapists in psychotherapy groups -

i. the giving of socialisation information, ii. asking questions about, clarifying and interpreting group members' affective relationships with one another and iii. making generalisations, and drawing parallels, to and from members' intra-group experiences. It might be informative to analyse each of these separately, to discover whether they show similar developmental trends.

#### E. The Distribution of Communications.

##### 1. The Distribution of Communications Among Members.

i. Definition. This Section concerns the relative number of communications contributed to group meetings by each of the patient-members of the group i.e. how the total number of communications of a session is 'shared out' among the various patients. At one extreme, the distribution may be such that one or two members do most of the talking and are responsible for initiating a high proportion of group interaction. At the other extreme, the distribution may be equitable, with every patient contributing approximately the same number of communications.

##### ii. Distribution of Communication and Group Development.

In small groups members differ considerably among themselves in how much they talk (Hare, 1962) i.e. in the number of communications which they initiate (Bales et al., 1951) and the length of time which communications typically last (Matarazzo et al., 1956). Bales et al. analysed 10 sessions

of an eight-person group and found that one member contributed over 40% of the total communications, another pair initiated approximately 20% each, but that the remaining five members shared the other 20% more-or-less equally among them. Stephen and Mishler (1952) found mainly similar results. It is only the more dominant and forceful individuals who are able to assert themselves sufficiently to be able to express themselves as much as they wish (Carter et al, 1951). The members who contribute little have frequently been found to be dissatisfied with the opportunities which they have to communicate (Hare, 1952). They feel that they have insufficient time, because of the minority of members who take more than their share (Carter et al, 1951). Indeed members may report feelings of threat and inhibition of impulses to participate which are out of proportion to the objective restriction of interaction time (Gibb, 1951).

Small groups can therefore be regarded as competitive situations, with members speaking only at the expense of the silence of other members. Inter-member conflict and rivalry may develop because of this. As failure to reduce group tension may lead to the disintegration of the group (Thibaut and Kelley, 1959), pressure may be applied to the most active members to reduce their contributions and to make the distribution of time among members more equitable. Therefore the relatively large differences among group members found during the early sessions might be expected to be reduced as the group develops. However, this change in the direction of equal distribution may be very slow, as there is evidence

that the characteristic interaction rates of group members are not readily modified either by the influence of the formal group leader (Bovard, 1951) or of the other members of the group (Borgatta and Bales, 1953b). Further, the change may be relatively small, because the failure of a group member to contribute his equal share of communications is not necessarily due to other, more dominant members preventing him from talking (Hare et al., 1960). Members appear to have preferred rates of participation, which are specific to the type of group, and which are independent of pressures exerted by other members (Leik, 1964). It is presumably the discrepancy between this preferred rate and the actual rate which determines members' satisfaction with their participation.

In summary, it may be that as groups develop there is a tendency for the differences in the number of communications which members initiate to diminish and for there to be a more equitable distribution. However, the change, which is presumably brought about by pressures exerted by the group leader and members may be relatively small and take many sessions to achieve.

iii. Importance for Group Psychotherapy. There is evidence that, just as in non-therapy groups, the distribution of communications among members during the early sessions of psychotherapy groups is markedly skewed (Talland, 1957; Kräupl Taylor, 1961). Beck (1958) has suggested that another of the norms which are important within psychotherapy groups

is that each member should, on the average, take only his share of the total group interactions. He must not monopolise the situation, but neither must he contribute less than his share. There are two reasons for considering that such a norm may be important, and that pressure may be exerted upon the members to make the distribution more equitable.

The first is that the group-disruptive tensions created by unequal participation may be particularly important in psychotherapy groups. Those members who are unable to contribute as much as they wish may experience greater frustration than similar members of, for example, a group engaged in a problem-solving task (Bales, 1950a). In the latter, members may willingly accept unequal contribution rates, since the group task is the solution of some external problem. If members are adequately task-involved they may recognise that their own most important contribution might be to remain silent and to leave task-solution, and hence intra-group communication, to those members whom they consider to have skills appropriate to the task. In psychotherapy groups, on the other hand, the task is the clinical improvement of individual patients. Since members will consider that they themselves will not improve in the absence of their own active participation, they are unlikely to agree to unequal sharing of participation.

Therefore, in psychotherapy groups, silent members have the frustrations of being unable to communicate as often as they feel is necessary both to deal with the complex network



of inter-member relationships and also to derive therapeutic benefit from membership.

Antagonism can also operate in the opposite direction. In psychotherapy groups, members often reveal intimate, and perhaps also embarrassing, aspects of their personalities. High-participant members may consider that they have revealed far more of themselves than the silent members, and might regard as 'voyeurs' those who are not participating fully in the group (Foulkes and Anthony, 1957). Further, they might consider that non-participants are retarding the development of the group into a therapeutic instrument and hence are hampering the progress of the active patients. Thus, members who contribute less than their share may be put under pressure to contribute more. To avoid excessive tension and inter-member rivalry, the group leader might attempt to socialise the group into accepting a more equal distribution than it might have achieved without his intervention.

There are therapeutic reasons also for attempting to modify extreme over-or-under contribution. Attempts to monopolise the discussion, or a withdrawal and reluctance to participate at all, may be aspects of the abnormal behaviour patterns which a patient shows outwith the group. It may be clinically important for the therapist to point out, and interpret, this behaviour to the patient, and to attempt to modify it within the group as a first step towards modification of the patients' more general pattern of social interaction.

Socialisation of the group to accept the norm of equal

contribution may be even more difficult in psychotherapy groups than in other types of group. The voluble members are required not only to dominate the group less, but also to interact less with the therapist and, as they believe, to reduce their own chances of deriving therapeutic benefit. The 'silent' members are required to contribute more than they wish - i.e. more than their 'preferred' rate.

In psychotherapy groups therefore, changes in the distribution of communications are likely to occur, in response to the presence exerted by the therapist, and by the other members, on the extreme over- and under contributors. However, the changes are likely to be slow to occur and perhaps will be observable only over many sessions.

## 2. The Distribution of Communications Between Therapist and Patients.

1. Definition. The above discussion concerned the distribution of communications among the patient members of the group. This Section deals with the distribution of communication between, on the one hand, the group psychotherapist (conductor) and on the other the patient members, i.e. with the proportion of the total group interactions which is contributed by the conductor.

ii. Importance for Group Psychotherapy. There are two main reasons for regarding the distribution of communications between patients and therapist to be important for the process of group psychotherapy. First, as has been discussed in D above (p. 64), one of the norms of group psychotherapy is that the patients themselves should take over several of the major functions of the group conductor. The extent to which they do

so will presumably be reflected in the proportion of the interactions which are contributed by patients as opposed to by the conductor. A low proportion will indicate that the patients are unable or unwilling to take a major share in the initiation of therapeutically-relevant communications. The second reason relates more to the group as a social system. Lennard and Bernstein (1960) have shown that lengthy silences by the patient is one manifestation of 'system strain' i.e. of the patient being dissatisfied with therapy and preparing to leave treatment. Therapists are likely to permit some degree of silence in the group, as a period of silence may be a necessary preliminary to the communication of therapeutically-important information (Foulkes and Anthony, 1957; Lennard and Bernstein, 1960). However, therapists appear to consider that sessions in which there are a large number of silences are a sign that therapy is not proceeding satisfactorily, since Lennard and Bernstein showed that, in individual psychotherapy, the therapist responded to the silences by being extremely active himself. The psychotherapist initiated a higher proportion than usual of the total number of communications, and by doing so helped to reduce 'system strain' and permit therapy to proceed.

If a therapist is found to contribute a high proportion of the total number of communications this may indicate therefore that the patients have not adopted the required norm and taken over the therapist's role. Alternatively, or in addition, it may indicate that the therapist is worried by the progress of therapy and is attempting to reduce 'system strain'.

iii. Distribution of Communication and Group Development.

As psychotherapy proceeds, the therapist is likely to initiate a diminishing proportion of group verbal interactions. As discussed in D (above, p. 64), as the group develops patients increasingly take over certain of the therapist's tasks. This is likely to result in him taking a smaller part in the discussion. Moreover, 'system strain' is likely to be more common during the earlier, rather than the later stages of psychotherapy, since it commonly arises because of patients being unsure of what is expected of them in the therapy situation (Lennard and Bernstein, 1960). It is therefore during these earlier stages that sessions occur which are characterised by a large number of patient silences and of therapist interactions, and hence by the therapist contributing a high proportion of the total communications.

3. Previous Studies of Distribution of Communications. There is very little evidence regarding changes in the distribution of participation as groups develop. What there is, is contradictory. Theodorson (1953) noted that distribution became more widespread as groups develop. After about 15 sessions the distribution was complete and no greater degree of 'sharing' could be expected. On the other hand, Kräupl Taylor (1961) found no difference over time. He assessed the 'gradient' of participation based on the number of 'utterances' contributed by each member. If all members took an equal part in the discussion, the slope of the gradient was flat. If some were very active and others silent the slope was steep. Kräupl Taylor compared four phases of group

development, extending over 18 months, and found no difference in the average 'gradient' of each phase.

However, Kräupl Taylor's study had the defect that the scoring was done by the therapist himself during the group session; although different observers tended to be consistent in their own scoring, the inter-scorer reliability was low. More important, the 'utterances' which were scored were any communications which held the attention of the group. Thus, a very brief remark and an extended, detailed account lasting several minutes, would each count as a single 'utterance', and would contribute the same score to a member's total. Different results might have been obtained if some other units had been used.

There have been no studies of the distribution of communications between therapist and patient in psychotherapy groups.

4. Outstanding Problems. The above discussion suggests that outstanding problems remain in both areas.

i. Distribution of Communication between Therapist and Patients. It has been argued that, as therapy proceeds, the proportion of the total number of group communications contributed by the therapist, as opposed to the patient members, will decline. This postulated change requires to be investigated, and if possible confirmed empirically.

ii. Distribution of Communications Among Patient Members. It has been argued that there is also a change over time in the distribution of communications among patient members in the direction of greater equality (i.e. members contributing

approximately equal numbers of communications). This postulated developmental trend also requires investigation and empirical confirmation.

F. Formulation of Hypotheses.

The above review suggested a number of predictions concerning aspects of the development of verbal interaction within psychotherapy groups.

1. Socialisation.

i. Frequency of 'Socialisation' Communications. It was suggested that a feature which psychotherapy groups share with other types of group is that a significant proportion of the initial stages of group development is spent in considering topics relating to socialisation. In the case of psychotherapy groups, this involves discussing the aims and methods of group psychotherapy and of psychiatric treatment in general, and the norms and roles which patients are required to adopt. However, as the group continues in existence, and development proceeds, less time is devoted to these topics.

Hypothesis A i is, therefore, that in a psychotherapy group, the frequency of communications of all types which relate to 'socialisation', declines progressively as the group continues in existence.

ii. Types of 'Socialisation' Communication. Three sub-types of 'socialisation' communications were distinguished. Two concerned factual information about the aims, methods, norms and roles -

a. communications in which such factual information was given and b. communications which were in the form of requests for

such information. A third general type of communication is more evaluative, and includes evaluations and interpretations of members' behaviour in relation to the prescribed aims, methods and roles e.g. statements of the extent to which a members interactions are in accordance with the normative requirements. It also includes expressions of members attitudes towards and opinions of the aims, methods, norms and roles. It was suggested above that an independent analysis of these three types of communication would show that each declined progressively as the group remained in existence.

Hypothesis A ii is therefore in three parts - that in a psychotherapy group each of the following three types of communication relating to the aims, methods, norms and roles of the treatment situation shows a progressive decrease in frequency of occurrence as the group remains in existence -

- a. factual statements of the aims, methods etc.
- b. requests for such information and
- c. evaluations, interpretations, and expressions of attitude and opinion relating to these aims, methods etc.

iii. Relative Frequency of 'Socialisation' Information.

It was also argued that, even after the patients in the group were aware of the aims and methods, and of what norms and roles were required, discussion of socialisation topics would continue. This is because patients of the type which is treated by group psychotherapy frequently have difficulties in perceiving their own behaviour accurately, or in modifying it in accordance with social requirements. Thus, interpretat-



interpretation and evaluation of their interactions is likely to continue for some time after socialisation information has ceased to be exchanged. Hence, 'socialisation information' communications i.e. of type a. (above) are likely to decline in frequency more rapidly than other types of 'socialisation' communication.

Hypothesis A iii is therefore that, in a psychotherapy group, the proportion of 'socialisation information' to other types of 'socialisation' communications declines progressively as group development proceeds.

2. Inter-Member Affect.

i. Frequency of 'Inter-Member Affect' Communications. It was suggested that another feature of group psychotherapy interaction might be that discussion of members' feelings and attitudes towards one another, which is infrequent during the early sessions, becomes relatively more common as group development proceeds.

Hypothesis B i is thus that, in a psychotherapy group, the frequency of communications of all types which concern members affective relationships with one another increases progressively as the group continues in existence.

ii. Types of 'Inter-Member Affect' Communications. Two sub-categories of communication which referred to inter-member affect were differentiated - a. those which were in the form of direct expressions of members' attitudes or feelings and b. those which interpreted or evaluated, or asked questions about, these attitudes and feelings. It was predicted that each of these types of communication increases as group development proceeds.

Hypothesis B ii is in two parts i.e. that in a psychotherapy group, the frequency of each of the following types of communication increases progressively as the group remains in existence - a. direct expressions of inter-member affect and b. interpretations, evaluations and questions concerning members affective relationships.

3. Generalisation to and from the Group.

i. Frequency of 'Generalisation' Communications. It was further suggested in the above review that another type of communication which occurs within psychotherapy groups is that in which parallels are drawn between the events and interactions which occur within the treatment situation and those which occur outwith treatment, in the other social groups to which the patients belong - their families, work situation, peer groups etc. It was predicted that although these communications may be infrequent during early meetings of psychotherapy groups, they become increasingly common as therapy proceeds.

Hypothesis C i is thus that in a psychotherapy group, 'generalisation' communications, in which intra- and extra-group events and interactions are compared and contrasted show a progressive increase in frequency as the group remains in existence.

ii. Types of 'Generalisation' Communications. Two types of 'generalisation' communications were distinguished - a. 'socialisation generalisations' and b. 'affective generalisations'. In the former, the parallels are between events and interactions concerning socialisation, within and outwith the

group e.g. members' response to the socialisation process or comparisons between the norms of the treatment situation and of some other social group. In 'affective generalisations', the parallels are between members intra- and extra-group affective relationships e.g. comparisons between a patients feelings for another member and those for one of his family. It was predicted that both types of generalisation become more common in the course of group psychotherapy.

Hypothesis C ii, which is in two parts, is therefore that in a psychotherapy group, the frequency of each of the following sub-categories of 'generalisation' communication increases progressively as the group remains in existence - a. 'socialisation generalisations' and b. 'affective generalisation'.

iii. Relative Frequency of 'Socialisation Generalisations'.

It was argued above that, while both 'socialisation generalisations' and 'affective generalisations' increase as group development proceeds, the diminishing preoccupation of the group with topics relating to socialisation will be reflected in a relatively slower increase in 'socialisation generalisations' compared with that of 'affective generalisations'.

The relative proportion of the former to the latter might thus be predicted to decline as group development continues.

Hypothesis C iii is therefore that in a psychotherapy group, the relative proportion of 'socialisation generalisations' to 'affective generalisations' declines progressively as the group continues in existence.

4. Adoption of Therapists Role. Another change which was

postulated to occur within psychotherapy groups is that the patient members increasingly take over some of the activities which, during the early sessions, are entirely, or mainly carried out by the group conductor.

i. 'Socialisation Information'. One such activity is the giving to the group of factual information concerning the aims, methods, norms and roles of treatment. It can therefore be predicted that, as therapy proceeds, a decreasing proportion of communications of this type is initiated by the group conductor rather than by the patient-members.

Hypothesis D i is that in a psychotherapy group, the proportion of 'socialisation information' communications which is initiated by the group conductor decreases progressively as the group remains in existence.

ii. 'Inter-Member Affect Interpretation'. Another activity of this type is the interpreting or evaluating, or asking questions about, members' feelings for one another.

Hypothesis D ii is that in a psychotherapy group, the proportion of interpretations, evaluations and questions concerning members' affective relationships which is initiated by the group conductor decrease progressively as the group remains in existence.

iii. 'Generalisation'. The third type of activity which members are postulated to take over from the group conductor is the drawing of parallels between intra- and extra-group events, phenomena and interactions.

Hypothesis D iii is that in a psychotherapy group, the

proportion of 'generalisation' communications which is initiated by the group conductor decreases progressively as the group remains in existence.

5. Distribution of Communications. The final changes to be considered were those in the distribution of communications among the group members (patients) and between them and the group psychotherapist.

i. Distribution of Communications Among Patient-Members. It was suggested that during the early group meetings the distribution of communications among the patients in the group is very skewed, with some members contributing very many and others remaining mainly silent. However, as therapy proceeds the distribution may change in the direction of greater equality, although complete equality, with every member contributing approximately the same amount to the group discussions is unlikely to be achieved. Hypothesis E i is therefore that in a psychotherapy group, the proportions of the communications of a group session initiated by each of the patient-members will change, as therapy proceeds, in the direction of greater equality among the members.

ii. Distribution of Communications between Therapist and Patients. It was also suggested that the proportion of the total number of communications which was contributed by the group conductor-therapist, as opposed to the patients, would decline over time.

Hypothesis E ii, the final hypothesis, is that in a psychotherapy group, the proportion of the communications of a group session which is contributed by the group conductor declines progressively as therapy proceeds.

6. Summary of Hypotheses.

For the convenience of the reader, these hypotheses will be summarised in this Section.

1. Hypothesis A i. In a psychotherapy group, the frequency of communications of all types which relate to 'socialisation' declines progressively as the group continues in existence.
2. Hypothesis A ii. Each of the following three types of communication relating to the aims, methods, norms and roles of the treatment situation shows a progressive decrease in frequency of occurrence as the group remains in existence - a. factual statements of the aims, methods etc. b. requests for such information and c. evaluations, interpretations and expressions of attitude and opinion relating to these aims, methods etc.
3. Hypothesis A iii. The proportion of 'socialisation information' to other types of 'socialisation' communications declines progressively as group development proceeds.
4. Hypothesis B i. The frequency of communications of all types which concern members affective relationships with one another increases progressively as the group continues in existence.
5. Hypothesis B ii. The frequency of each of the following types of communication increase progressively as the group remains in existence - a. direct expressions of inter-member affect and b. interpretations, evaluations and questions concerning members affective relationships.

6. Hypothesis C i. 'Generalisation' communications, in which intra- and extra-group events and interactions are compared and contrasted show a progressive increase in frequency as the group remains in existence.
7. Hypothesis C ii. The frequency of each of the following sub-types of 'generalisation' communication increases progressively as the group remains in existence - a. 'socialisation generalisations' and b. 'affective generalisations'.
8. Hypothesis C iii. The relative proportion of 'socialisation generalisations' to 'affective generalisations' declines progressively as the group continues in existence.
9. Hypothesis D i. The proportion of 'socialisation information' communications which is initiated by the group conductor decreases progressively as the group remains in existence.
10. Hypothesis D ii. The proportion of interpretations, evaluations and questions concerning members effective relationships which is initiated by the group conductor decreases progressively as the group remains in existence.
11. Hypothesis D iii. The proportion of 'generalisation' communications which is initiated by the group conductor decreases progressively as the group remains in existence.



12. Hypothesis E i. The proportion of the communications of a group session initiated by each of the members will change, as therapy proceeds, in the direction of greater equality among the members.
13. Hypothesis E ii. The proportion of the communications of a group session which is contributed by the group conductor declines progressively as therapy proceeds.

METHOD.

I. Groups and Settings.

A. Groups Studied.

The analysis was carried out on three 'closed', outpatient group-analytic psychotherapy groups. Two of these were of chronic, neurotic patients and the third was of adolescents. The groups met weekly for sessions of 90-minutes with a group psychotherapist ('conductor').

1. Type of Group. It was decided that the groups included in the study should all be of the same type, to facilitate comparison between the results obtained from the different groups. The type of psychotherapy groups selected for study was the 'closed' outpatient group, conducted according to group-analytic principles.

i. 'Closed' Groups. As noted above (p. 8 ), 'closed' groups are those whose membership remains unaltered throughout the course of treatment. The patients forming the group begin treatment together and continue in the group until they all agree to terminate treatment together. Although occasionally patients may drop out of the group and be replaced, it is anticipated that the composition of the group will remain relatively unaltered throughout its existence. The advantages of studying 'closed' rather than 'open' groups, whose membership varies from session to session, is that in the former, group processes have a better chance to develop; for example, more intimate interpersonal relationships may be expected to form if the same members continue to meet over long periods. Moreover, comparison between the group at

different stages is clearly more meaningful if it comprises the same members. Without such uniformity, differences in the group on the different occasions might be attributed incorrectly to group development when in fact they were due to changes in membership.

ii. Out-patient Groups. The groups comprised patients who attended hospital only for the purposes of attending the group meetings. Otherwise they lived at home, with their families, and met other members only during the group sessions. The advantage of studying out-patient groups is that almost all the interactions between members take place during the sessions, when they may be observed. In-patients who are members of groups are likely to meet one another in the hospital, so that inter-member interactions may take place of which an observer-investigator is unaware.

iii. Group-analytic Groups. The groups were run according to the principles formulated by Foulkes and Anthony (1957) and outlined above. As this is one of the most clearly described of group treatment methods, the selection of group-analytic groups for study had the advantage that uniformity of method between the different groups was ensured. Further, groups of this type typically run for many months, thus permitting long-term group development to be investigated.

2. Number of Groups. The analysis was carried out on three such groups. The number of groups studied was limited by their availability. Only three group-analytic groups, or indeed psychotherapy groups of any type, were in existence

in Edinburgh during the period of the study.

Although three groups might appear to be a small number to study, the number of individual sessions analysed - 37 - compares very favourably with that in other small group studies discussed below. For example, Bales (1950a) used 22 groups but analysed only one session from each. Few investigations of group psychotherapy have used more than three. Talland (1955) analysed four groups, but only over a short period. Steinzor (1949) studied three groups; Munzer and Greenwald (1957) and Smith et al. (1962) studied only one, Psathas (1960a,b) two and Truax (1961) also three.

3. Setting. The setting of the study was a training scheme in which experienced psychiatrists were instructed in the theory and methods of group-analytic psychotherapy by Dr. H.J. Walton of the Department of Psychiatry, University of Edinburgh. One group, Group A below, was conducted by Dr. Walton and observed by the psychiatrists who were being trained. Following each group meeting, the psychiatrists discussed with Dr. Walton both the meeting itself and the general principals of the treatment method. After some months, two of the observing psychiatrists themselves started groups - B and C below. These psychiatrists met with Dr. Walton to discuss the progress of their own groups, while continuing to observe Group A. The group conductor and patients, while aware of the present study, had no knowledge of its aims and purpose, so that the group interactions were unlikely to have been influenced by their being investigated.

#### 4. Procedure.

1. Meetings. The groups met in the evenings, for 90

minutes. The meetings began when all, or almost all the patients were present and with few exceptions were terminated by the conductor after exactly 90 minutes, regardless of the 'importance' of the interactions taking place. This is because one of the functions of the conductor in these groups is to act as the representative of 'external reality'. The meetings took place weekly, with occasional breaks for holidays.

The members sat in a loose circle; there was no fixed seating arrangement. Before therapy had begun, the patients had given their permission to have the sessions tape-recorded; the microphone was placed on a table in the centre of the circle. Group A had also given permission for the meetings to be observed by a limited number of clinicians who watched through a one-way vision screen, being themselves not visible to the group.

ii. Group Rules. The 'rules' of this type of group have been outlined above (p. 9 ). Among the most important was that members were not to meet one another outwith official group sessions. Any accidental meeting was to be reported to the group. Similarly patients were not to seek private consultations with the group conductor; any such consultations were also to be reported back to the group.

iii. Group Discussion. As noted above, there was no fixed agenda or order of speaking. Members were free to discuss any topic in the group, although the conductor attempted to encourage the discussion of inter-member relationships and the connections between patients' experiences within the group and

those outside, in their life-situations. It was emphasised that the group was not a normal social situation and the usual rules of politeness and relevance did not apply.

An example of a group session is given in Appendix .

## 5. The Groups.

1. Group A. This comprised eight patients, four male and four female. All eight were aged between 26 and 41, were in skilled or professional occupations and were of above average verbal intelligence. All but two men were married.

The eight patients were all out-patients with neurotic conditions of many months - and in most cases several years - duration. The main presenting symptoms were of anxiety or depression. In addition the patients all had long histories of inadequate social relationships as well as currently disturbed social interactions, usually with their parents and spouse or, in the case of the two unmarried men, with their girl-friends. Although the patients had received many different forms of treatment prior to entering the group, none had previously been treated in a psychotherapy group. The group met weekly for over two years, although only the first 22 months were studied. During this period there were only five weeks when the group did not meet, owing to holidays etc. Throughout the entire period the membership remained unchanged, apart from one patient who terminated treatment after intermittent attendance at early sessions and another patient who entered the group at about the end of the period under study. These two patients were not included in any of the sessions selected for analysis. The eight others all began treatment at the same time, and remained together

as a group throughout the two year period. Attendance was irregular during the early sessions because of the illness and hospitalisation of two or three members, but after almost six months attendance was very good and it was rare for more than one or two members to be absent from a session.

ii. Group B. This comprised five patients, three male and two female. All were aged between 28 and 40, were in skilled or professional occupations and were of above average verbal intelligence. Two men and one woman were married.

The psychiatric description of these patients is very similar to that of Group A. The patients were out-patients with neurotic illnesses. Their symptoms were mainly of anxiety and depression although several also had physical symptoms. They all had long histories of disturbed social relationships. None had previously been treated by group psychotherapy.

The group met weekly for 18 months, during which time some eight sessions were cancelled because of holidays etc. Seven patients initially entered the group, but after several weeks two left. One, a female, terminated treatment prematurely, while a man was hospitalised for a long period because of a physical illness. The group continued to meet with five members. Attendance was not so regular as in Group A and it was rare for all five members to be present. After the ninth month, the group conductor, a visiting Dutch psychiatrist, left and was replaced by the psychiatrist who had previously been the participant group observer.

iii. Group C. This comprised six patients, four male and two female. All were aged between 18 and 22 and were students



or professional trainees. They were all well above average in verbal intelligence. None of the six were married. All six were out-patients with adolescent problems of social adjustment. While most of them had symptoms of anxiety and depression, and in two cases showed suicidal behaviour, their main complaints were of feelings of inadequacy in social situations or of otherwise disturbed social relationships.

The group met for eleven months, with no breaks. Two of the six who started in the group left after 2 and 3 months. One of them, a female, terminated treatment prematurely, while a male patient was forced because of his studies to leave Edinburgh. These patients were replaced in the group by a similar pair, and the membership remained at six. Attendance was irregular at first but the later sessions were well attended.

#### B. Sessions Analysed.

Only group sessions which satisfied four criteria listed below were included in the analysis. For reasons mainly of economy of effort, not all the sessions which satisfied the criteria were included. Instead, sessions were selected from the beginning, middle and end of therapy. With Group A, six sessions were selected from each phase, (beginning, middle and end) of group development; with Group B three sessions from each phase were analysed; with Group C, five sessions from the first half and five from the second half of therapy were analysed. Thus, a total of 37 sessions was studied. An 80-minute period from within each session was analysed.

The following Sections will discuss the criteria, the three phases from which sessions were selected, the method of selection and the amount of each session which was analysed, and finally will list the sessions which were selected.

1. Criteria of Eligibility of Sessions. The four criteria which sessions had to satisfy before they were considered for inclusion in the study were as follows:-

1. The Criteria. 1. that a tape recording of the sessions was available.
2. that the group conductor was present during the session.
3. that no more than two group members (patients) were absent from the meeting; and
4. that the session had lasted the full 90-minutes.

ii. Reasons for Adopting the Criteria.

1. The first criterion was an obvious one, since the analysis was to be carried out on tape-recordings, as discussed below (p.106). Although it was intended that all sessions should be recorded, some were not, owing to technical failures: others were recorded but the tapes were subsequently lost or destroyed, accidentally.

2. It was decided that the conductor should be present because some of the hypotheses related to changes in the role of the conductor. Whereas the conductor was present during the great majority of sessions, occasionally the groups met leaderless or with a temporary conductor - usually the group

observer. These sessions were excluded from the analysis. Of course, in Group C, the group conductor changed during the life of the group; sessions were eligible if the official conductor was present, regardless of which of the two therapists it was.

3. Both the content and the form of the group discussion can be influenced by the absence of some of the group members. A sub-group of patients may take the lead in discussing certain topics, so that if these members were to be absent from a session these topics would be less likely to be raised. Kräupl Taylor (1951) has shown that the distribution of communication among the members differs in groups of different sizes. Comparison of both the content and the distribution of interactions at different stages of group development will thus be valid only if approximately the same members are present at the various stages. Ideally only sessions with full attendance should have been analysed but this would have excluded too many sessions. A compromise of a maximum of two patients absent was therefore adopted.

4. The final criterion was applied because of the decision, discussed below (p.100), to analyse the whole of each session rather than to sample sections from it.

## 2. Phases from which Sessions were Selected.

1. The Phases. Not all the sessions which were eligible for analysis were in fact analysed. Instead, in Groups A and B, sessions were selected from three phases of group development - from near the beginning of therapy, from approximately the mid-way stage and from near the end. These three phases were compared with one another. In Group C, sessions

selected from the first half of therapy were compared with those selected from the second half.

ii. Reasons for Sampling Among Sessions. It would have been possible to analyse all the sessions which satisfied the criteria. However, it was decided to include only a sample of sessions for reasons of economy. The method of analysis was also simplified by selecting the same number of sessions from each phase of group development. (See Statistical Analysis, IV below).

iii. Comparison of Phases. The comparison of sessions at three stages of group development permitted some estimate to be made of the rate of development of the communications under investigation, e.g. whether their frequency changed more during the early or late stages of therapy. Psathas (1960a) and Talland (1955) also compared sessions drawn from different phases of development.

It had been intended to adopt this procedure with all groups. However, at the time the analysis was carried out, Groups A and B had met for approximately 22 months and 18 months respectively, whereas only the first 11 months of Group C's meetings were available for study. The selection of sessions from three phases of Group C's development would thus have meant that in terms of the number of months to which the group had been in existence the 'late' phase of Group C would be equivalent only to the 'middle' phases of Group A and B. It was decided, therefore, to compare sessions drawn from the first and second halves of Group C's development. Murray (1956) had also compared the first and second halves of therapy.

iv. Number of Sessions. The decisions regarding the number of sessions from within each phase to be analysed were partly influenced by the number of sessions within each phase which satisfied the criteria stated above. It was decided, arbitrarily, to analyse between one-third and one-quarter of the sessions which satisfied the criteria. On these grounds six sessions from each of the three phases of Group A were selected, three sessions from each of Group B's three phases, and five from each half of Group C.

The number of sessions studied - 18 from Group A, 9 from Group B and 10 from Group C - compares favourably with the number of sessions analysed in previous studies of psychotherapy groups. For example, Steinzor (1949) analysed 13 sessions; Talland (1955) based his statements about inter-session trends on only 12 sessions; Munzer and Greenwald (1957) studied three sessions of a psychotherapy group; Psathas (1960) and Smith et al. (1962) used nine and fifteen sessions respectively, and Frank and Sweetland (1962) only four.

3. Selection of Sessions from Phases. The procedure for selection was somewhat different for each of the three groups.

1. Method of Selection.

Group A. The group met for approximately 22 months. This period was divided into six periods, each of about 15 weeks. From the sessions within each period which satisfied the above criteria, three were selected randomly for analysis. The random selection was made by means of a table of random numbers. Thus, six sets of three sessions, approximately

equally spaced out over the life of the group, were used. For purposes of analysis, these six were telescoped into three sets of six sessions.

Group B. The 18 months for which this group had met was divided into three periods of six months each. From the sessions within each period which satisfied the criteria three sessions were selected randomly.

Group C. The 11 months for which this group had met was divided into two periods of  $5\frac{1}{2}$  months, and from each period 5 sessions were selected randomly from among those which had satisfied the above four criteria.

ii. Discussion. The reason for the slightly different method of selection used with Group A was that, for the purposes of another study, it was wished to analyse sessions drawn from six, equally spaced-out, stages of group development. This was not necessary for the other two groups.

In the present study, statements about interaction within a phase of group development are based on an analysis of only a small proportion of the total number of sessions within the phase. The validity of these statements is clearly dependent upon the extent to which the selected sessions are representative - similar in most major respects - to the sessions within the phase as a whole (Scott and Wertheimer, 1962). It was to avoid any systematic bias in the sample, which might reduce its representativeness, that the sessions were selected randomly.

4. Amount of Each Session Analysed.

i. Amount Analysed. An 80-minute period from within each session was studied. This period began five minutes after the start of the session and continued uninterrupted. In most meetings-which lasted the stipulated 90 minutes - this of course meant that the last five minutes, like the first, were unscored.

ii. Reasons for Use of Eighty-Minute Period. Only an 80-minute period rather than the entire session was analysed for the following reasons. First, in order to ensure comparability between sessions the same length of time from each had to be analysed. Since meetings were of unequal length it was necessary to use a standard period rather than to include the whole session in the analysis. Secondly, not infrequently members arrived several minutes late, so that the same number of patients was not present during the first few minutes of the meeting as later. Thirdly, it was observed both in the present study and in previous ones (e.g. Lennard and Bernstein, 1960) that the final few minutes of meetings were frequently taken up with what Bion (1961) termed 'group housekeeping' - discussions of the administrative aspects of the group, such as the time of the next meeting, intimations of future absences and arrangements for the administration of psychological tests. Although important for the efficient running of the group, such discussion is not part of therapy proper, and it was decided not to include this in the analysis. A standard 80-minute period which omitted the first five minutes, and the last five or more, of the meeting, appeared to meet the above points.



It would have been possible, rather than analysing a continuous 80-minute period, to time-sample and to analyse only brief periods selected at random from within the session (Raush et al., 1959). Thus Truax (1961) analysed only one three-minute period from each of 42 one-hour group psychotherapy sessions. Although this is a very economical approach it was rejected in the present study for two reasons. First, there is evidence of marked fluctuations occurring during single group meetings in the form and content of verbal interactions (Guze and Mench, 1959: Bales, 1950a), which would make generalisations about entire sessions based on only small samples hazardous. Secondly, because the communications studied in the present investigation were not very frequent, it was anticipated that there might not have been a sufficiently large number of them contained within the sample period to permit adequate analysis.

5. The Sessions Analysed. The following tables show for each group -

- i. the total number of sessions within the period under study.
- ii. the number of these within each phase.
- iii. the number within each phase which satisfied the criteria for inclusion in the analysis.
- iv. the number within each phase which was selected for analysis, and
- v. the serial numbers of the sessions randomly selected from each phase. In each group the first session was numbered 1, the next 2 etc.

Group A.

i. total number of sessions	- 95			
		<u>Phase</u>		
		I	II	III
ii. no. within phase	31	30	34	
iii. no. eligible for inclusion	12	18	22	
iv. no. selected for analysis	6	6	6	
v. serial nos. of selected sessions	3, 4, 7, 18, 21, 24	38, 41, 44, 55, 59, 60.	79, 84, 86, 89, 94, 95.	

Group B.

i. total number of sessions	- 75			
		<u>Phase</u>		
		I	II	III
ii. no. within phase	23	26	26	
iii. no. eligible for inclusion	11	12	10	
iv. no. selected for analysis	3	3	3	
v. serial nos. of selected sessions	2, 7, 11	31, 40, 43	59, 61, 70.	

Group C.

i. total number of sessions	- 46			
		<u>Phase</u>		
		I	II	
ii. no. within phase	22	24		
iii. no. eligible for inclusion	14	16		
iv. no. selected for analysis	5	5		
v. serial nos. of selected sessions	1, 5, 11, 15, 22.	29, 35, 36, 40, 45.		

## II. Analysis of Verbal Interaction.

### A. Use of Content Analysis.

The hypotheses were tested by carrying out a content analysis of selected group sessions.

1. Content Analysis. Content analysis has been described as "a research tool for the objective, systematic and quantitative description of the manifest content of communication" (Berleson, 1952, p.18). It is a method for discovering the relative frequency of various types of verbal communication.

i. Nature of Data Analysed. Content analysis can be carried out on data of many different forms, derived from a variety of sources. A scorer can analyse the verbal interactions of a group as they take place. Tape recordings of interactions may also be analysed. Often, however, the data are written material, such as transcripts of verbal interactions, or descriptive accounts of a group meeting written by a participant.

ii. Break-down into Units. The first step in content analysis is to break the material down into 'units'. These can be of several different types. For example, a frequently used unit - the one used in the present study - is the simple sentence, referring to a single idea or item of information. The data which are to be analysed - e.g. the communications made during a group meeting - are broken down into one or more simple sentences, each of which is used as a single unit in the subsequent stages of the analysis.

iii. Devising of Content-Categories. A set of categories is devised for the classification of these units according to their content and meaning. Each category usually refers to a different aspect of the area of interest. Thus if the analysis concerns the frequency of affective communications, one category may include all communications which were in the form of questions about affect, another may include direct expression of affect and a third, interpretations of affect.

Depending on the requirements of the analysis the category system may be exhaustive, with every unit being capable of being allocated to one or other of the categories: alternatively it may refer only to a circumscribed area, so that only a proportion of communications is included. The categories may be exclusive, units being allocated only to a single category, or may permit multiple scoring, with the same unit scored in more than one way.

iv. Scoring. The final stage of the analysis is the classification, in which each of the units is allocated independently, on the basis of its content, to one or other of the categories. The reliable allocation of units to categories depends of course upon the adequacy with which the categories are defined, and upon the criteria which are used to determine the meaning of each unit.

Thus, after analysing the content of a group meeting, the investigator has a set of categories to each of which a number of the units of communication has been allocated. The frequency with which a particular type of communication has been initiated during the session is reflected in the relative

proportion of the units in the category referring to that type of communication.

2. Reasons for Using Content Analysis. Content analysis was first used in the investigation of groups by Lasswell (1938) and since then has been used in very many studies both of psychotherapy and of small groups. The psychotherapy studies have been reviewed by Auld and Murray (1955) and by Marsden (1965).

It was used in the present study because in every previous study of the frequency of communications of various types, some method based on content analysis has been employed. Indeed there appear to be no other means of comparing the relative frequency of communications. Although there have been numerous criticisms of content analysis, these have all been directed at its use in describing the 'meaning' of an interaction (e.g. Strupp, 1962a). For example, some uses of content analysis are based on the assumption that the relative 'importance' of a communication is reflected in its relative frequency of use; it is pointed out that this assumption is often unjustified, since a single brief communication may have great significance for the group. Further, it is argued that the atomistic nature of the units fails to reveal larger themes of interaction which may develop over long periods. However, neither of these criticisms applies to the use of content analysis in the present study, which is concerned only with the frequency, and not with the 'importance', of different types of communication.

Previous content-analysis studies, although based on the

same general approach have differed considerably from one another in the details of their method. Various types of data have been analysed, and a wide range of units, categories and systems of scoring have been used. In the subsequent sections, these aspects of the present study will be described and discussed.

B. Nature of Data Analysed.

1. Data Analysed. The analysis of the verbal interactions was carried out on tape-recordings made of the group sessions. These recordings were made with the knowledge and consent of the group members. The microphone of the tape-recorder was placed on a table in the middle of the group circle, but the recorder itself was out of sight of the group. The analysis was based entirely on these recordings, the scorer having no other data when performing the analysis.

2. Alternative Sources of Data. Tape recordings have been a popular source of data in previous studies of psychotherapy and groups. Even before modern apparatus was available, Powdermaker and Frank (1953) had used wire recordings. More recently, tapes have been used by Talland (1955), Psathas (1960a,b), Frank and Sweetland (1962) and others.

However, other techniques have been used. Sound films have been made of psychotherapeutic interviews (Cohen and Cohen, 1961; Murray, 1962; Dittman et al., 1966). Typed transcripts of tape-recordings or of short-hand notes taken during sessions have been a popular source of data. The analysis is carried out on the typescripts of the session. Lasswell (1938), Murray (1956) and Lennard and Bernstein (1960)/

(1960) used this approach. Narrative accounts of a group meeting can be written by a group member or observer either during the session or afterwards, and the accounts can subsequently be analysed quantitatively. For example, Dollard and Mowrer (1947) used as a measure of therapeutic improvement the number of references made in the therapists notes of a session to the patients' 'distress'. Finally, direct observation was employed by Bales (1950a) and Matarazzo et al. (1963). The scoring is done by the observer while the session is in progress. The observer may be external to the group e.g. viewing through a one-way vision screen, or may be a group member. Thus, apart from the scores no other permanent record of the session is made.

3. Reasons for Selecting Tape-Recordings. The alternative methods of analysis all have important disadvantages. Films are prohibitively expensive. Narrative accounts have been shown to be highly unreliable. For example, Walton and McPherson (1963) analysed accounts written by five observers of the same group meetings. Of 91 'incidents' which were distinguishable during the session, only 6 were reported by all five observers; only 39 incidents were reported by three or more of the observers. One disadvantage of direct observation is that it requires the scorers to be very highly trained. They must be able to make crucial decisions regarding scoring without, because of time-pressure, being able to consult written instructions or other scorers. Further, since no permanent record is made of a session, it is not possible to re-analyse the data should this prove to



be necessary or desirable.

Because of these disadvantages, the main choice was between tape-recordings alone, and recordings supplemented by transcripts. Transcripts allow far more detailed examination of the structure and content of the interactions. However, they are both expensive and time-consuming to prepare. Several of the sessions analysed in the present study were transcribed in connection with another investigation and it was found that a 90-minute session required up to 10 hours of secretarial time before even an incomplete text could be prepared.

For these reasons it was decided therefore to use only tape-recordings in the present study. These share with transcripts the disadvantage that non-verbal communications such as gestures or facial expressions which may be important for the interpretation of an interaction are not recorded. Also they give no information about the direction of communication i.e. for which other members the communication was intended (Psathas, 1961). However, neither of these disadvantages is important for the testing of the hypotheses of the present study. Tapes have the advantages of being cheap, and easily used, and of providing a permanent record. Thus, scorers can work at their own preferred speed and sections whose meaning is not clear immediately can be re-played. The data can be re-analysed both to establish test-retest reliability, and in alternative ways. Psathas (1961) concluded that tape-recordings were an adequate substitute for direct observation and for the transcribed protocol.

4. Comparison with Other Sources. The use of tape-recordings to obtain the data of the study raises two points which will be discussed in this Section.

i. Influence on Patients. The first is the effects on the patients of being tape-recorded. It might be argued that the knowledge that they were being recorded might have caused the patients to behave differently e.g. to be less willing to discuss intimate problems. Although patients presumably vary in their response, most psychotherapists appear to consider that, provided the purpose of the recording is explained to them, their permission is obtained, and any anxieties which they might have are discussed and allayed, there are no major effects (Haggard et al., 1965; Bergman, 1966). Although patients may mention the tape-recorder during the early meetings it is seldom referred to subsequently.

ii. Influence on Results. The second is the possible influence on the results obtained in the study. How far are they likely to be influenced by tape-recordings having been used rather than, for example, transcripts? There have been no studies that systematically compare the results obtained by analysing tape recordings with those obtained by analysing transcripts of the same interactions.

C. The Unit.

1. The Unit Employed. The units into which the verbal interactions were analysed were defined by both grammatical and thematic criteria. The unit was a simple sentence, comprising a subject and predicate, the predicate usually containing a verb and an object. When members' communications

were in the form of complex sentences, these were broken down into their component simple sentences. In addition the simple sentences each referred to a single topic or expressed a single idea or piece of information.

The criteria, which were based on those of Murray (1956), Auld and White (1956) and Lennard and Bernstein (1960), are given in full, with examples, in Appendix B.

2. Alternative Units. The unit chosen is that used by Murray (1956) and Lennard and Bernstein (1960) in their analyses of psychotherapy dyads, and by several other workers. However, other units have been employed in various studies.

The simple sentence alone, with no reference to its thematic content was used by Talland (1955), Auld and White (1956) and the group working with Rogers (Rogers, 1944; Curran, 1944; Seeman, 1949). Other grammatical units have been the 'grammatical clause' (Gottschalk et al., 1960) and the paragraph (Hare, 1962). Units based on time-intervals have been used frequently e.g. each minute of interaction is a single unit, regardless of how much or how little is said during that time (Thelen, 1956). The entire communication of a single participant was the unit of Steinzor (1949) - "the statement of an individual, made after one made by another person and before one made by another" - Munzer and Greenwald (1957) and Kräupl Taylor (1961), all of whom studied psychotherapy groups. Interactional aspects were emphasised by Bales (1950a,b), one of whose units was "a bit of behaviour which can provide enough of a stimulus to elicit meaningful responses from another person". Lennard and Bernstein (1960), used among other units the 'interaction' - a therapist statement followed by a patient statement, or vice versa. Thematic content

along with no reference to grammatical structure, was the criterion of Phillips et al. (1957) - "the minimal verbal statement which a consensus of raters indicated to be understood as expressing an independent communication or thought" - and of Cohen and Cohen (1961). Finally, some units were defined entirely by the category system with which they were intended for use. Talland's (1955) 'category unit' was "any entry made within a category by a single member."

3. Reasons for Selecting Present Unit. Several of these units have disadvantages which make them unsuitable for use in the present study. Those based on time intervals do not provide a suitable indication of the number, type or initiator of communications. This is because several topics may have been mentioned, or several members may have spoken, during that period. Time-based units are in general useful only when some global index of 'group atmosphere' is required (Thelen, 1956). Units comprising the entire communication of a single patient also do not permit changes in the topic to be noted; moreover, they do not distinguish brief utterances from lengthy ones.

Interaction units, are incapable of isolating the unique contributions of the individual participants, although they do permit adequate analysis of topic (Lennard and Bernstein, 1960). Units based on categories are specific to the category system with which they are used. Moreover, decisions regarding what constitutes an entry will be likely to be arbitrary and unreliable, unless some definition of 'entry' is attempted - in which event, this unit would not differ from those of other types. Finally, Talland (1955) has shown that the length of

communications which constitute a unit varied considerably.

Grammatical units were rejected because, in a content analysis study such as the present one, it seemed more logical to use a unit whose definition took account of its thematic content. However units based on theme alone were found, in a pilot study, to be difficult to score reliably.

It was decided therefore to use both grammatical structure and thematic content in the definition. Basing the unit on the simple sentence had the advantage that "it is an independent linguistic form, not included by virtue of any grammatical construction in any larger linguistic form" (Bloomfield, 1933). Other advantages are that:-

i. The unit is small, so that a session may be analysed into more of these units than, for example, interaction or category units (Talland, 1955); thus it may provide a more sensitive measure and allow trends and relationships to emerge more clearly.

ii. On the other hand, the unit is sufficiently large for the piece of information contained within it to be meaningful.

iii. Since, by definition, only a single topic is referred to, no multiple scoring is necessary i.e. allocating a single unit to more than one category.

iv. Quantification is simplified by all the units including roughly the same length of communication.

v. Finally, the reliability of this unit appears to be adequate. Murray (1956) reported high reliability between two scorers analysing 6 hours of transcribed interview into

these units. Lennard and Bernstein (1960) found a difference of less than one percent in the number of units scored by two observers. The only study of tape-recordings was by Auld and White (1956) whose two scorers were relatively untrained secretaries but who agreed in the scoring of between 93 and 99% of the units in a series of sessions.

4. Comparison with Other Units. There is very little information about the extent to which the results of a content-analysis study are likely to be influenced by the type of unit employed. Talland (1955) compared units such as those used in the present study, which he labelled 'sentence (S) - units', with category (C) - units i.e. entries made within a single content category. He analysed the units in terms of seven of Bales' (1950b) categories. In each of the categories, the number of S-units was greater than the number of C-units. The proportional difference varied from category to category; in some there were over twice as many S-units.

The definition of 'unit' employed in the present study can therefore be expected to result in the sessions being analysed into a greater number of units than would have been found if category units had been used. However, the exact influence on the specific categories used in the present study cannot be predicted.

#### D. The Content Categories.

1. The Categories. The categories covered three main areas - socialisation, inter-member affect and generalisation to and from the group. The categories are outlined below and more detailed definitions and criteria are given in Appendix C.

i. Socialisation. Three types of communication were scored separately.

Category I i: Socialisation Information. These were communications which gave factual information about the aims of treatment and the norms and roles which must be adopted in the group. Only didactic statements of fact were included in this category. Expressions of attitude, or questions, were excluded. The communications referred to one or other of the following topics:-

a. Aims of Treatment. The aims, purposes and goals of psychiatric treatment in general or of group psychotherapy in particular, and the ways in which patients might be expected to benefit from treatment.

b. Group Methods and Norms. The methods of group psychotherapy and the within-group behaviour which is expected of members e.g. which types of interaction are appropriate and which not.

c. Members Roles. The roles which patient and therapist should adopt within the group, and the parts which they are expected to play in the treatment situation.

Category I ii: Socialisation Questions. These were questions about the aims, methods, norms and roles of treatment. The category included only requests for information about the areas covered by the previous category, I i.

Category I iii: Other Socialisation Communications. This category contained communications in which members a) expressed attitudes or opinions about the prescribed aims, norms and roles or b) made statements about those which had actually been adopted in the group. The communications were in the form



of expressions of attitude or opinion, or of evaluations or interpretations. Didactic statements about the required aims, norms and goals, and questions about these, were excluded.

The following topics were covered:-

a. Attitude to Required Aims, Norms and Roles. A

member's attitude to or opinion of the aims, norms and roles which had been prescribed and which the members were required to adopt.

b. Evaluation or Interpretation of Actual Aims, Norms and Roles.

The appropriateness of the treatment goals adopted by an individual patient; the extent to which a member's intra-group behaviour and communications were in accordance with the normative requirements of the group.

In both a. and b. the attitudes and behaviour referred to could be those of the speaker himself or of another member.

ii. Inter-Member Affect. Two types of communication were scored separately.

Category II i: Direct-expression of Inter-Member Affect.

These were communications in which members openly and directly expressed their present or previous attitudes and feelings for one another. Only expressions, statements and reports of the speaker's own feelings were included.

The area covered by this category was the speaker's own feelings and attitudes towards other past or present members of the groups in roles other than their formal, public ones of therapist and patients. Thus a members attitude towards the

conductor - for example whether the member considered him to be skillful - was excluded and allocated to Category I iii above. However, the member's attitude towards the conductor as a person - for example whether or not the member liked him - was included in the present category.

Two areas were included:

a. Statements of Speakers' Present Attitudes or Feelings.

The expression by a member of his own current attitude or feelings towards a past or present member of the group. The communication did not require to be directed towards that member.

b. Statements of Speaker's Previous Attitudes or Feelings.

A member's report of his attitudes or feelings at some time other than the present.

Category II ii. Other References to Inter-Member Affect.

These were all other references to group members affective relationships. Three main types of communication were included:

a. Description of, or Statements about, Past or Present Attitudes or Feelings of Another Member. Descriptions of, or statements about, the attitudes or feelings of a group member other than the speaker towards another group member (who may be the speaker himself) or towards the group as a whole. The attitudes or feelings could be experienced currently or previously.

b. Evaluations or Interpretations of Past or Present Attitudes or Feelings. Communications which describe and evaluate the effects upon group development or group interaction of members' past or present attitudes or feelings for

one another, or which attempt to discuss their underlying motivation. The communications could refer to the speaker's own attitudes and feelings or to those of another member.

c. Questions About Inter-Member Affect. This category also included questions about members' feelings for one another.

iii. Generalisation to and from the Group. These were communications in which parallels were drawn between events, interactions or relationships occurring within the treatment situation and those outwith it, in the other social situations to which the patient belongs - his family, peer and work groups etc. The generalisation could be from the group to the other situation or vice versa. They could be made by a member in respect of his own intra- and extra-group activities or in respect of those of another group member, and could refer to past or present activities. Any type of communication - questions, interpretations, evaluations, etc. - could be included.

Two categories of 'generalisation' were scored separately.

Category III i: Socialisation Generalisation. These were parallels between the socialisation process and members' response to it within and outwith the group, or between the aims, methods, norms or roles of the treatment situation and those of other social situations.

Category III ii: Affective Generalisation. These were parallels between the affective relationships of group members with one another within the treatment

group and, on the other hand, their affective relationships in other social situations outwith psychotherapy.

2. Discussion. Seven content categories were thus used, and a communication could be allocated to one or other, or to none, of them. It would have been possible to have used additional categories by breaking-down some of the existing ones and so to have obtained more information from the analysis. For example, it might have been informative to have sub-divided Category I iii and to have distinguished between members' attitudes towards the aims, norms and roles of the group, and interpretations of other members behaviour. However, there is evidence that the reliability of categorisation frequently decreases with any increase in the number of categories (Heyns and Zander, 1953; Hare, 1962). Therefore it was decided to use only the minimum categories necessary for the testing of the hypotheses of the present study; the seven used is this minimum.

E. Allocation of Units to Categories.

The units were allocated to the content categories, by a scorer, on the basis of his assessment of their 'meaning'. Four aspects of this allocation require further discussion - whether the scorer attended to the 'manifest' or literal meaning of a unit or to its 'latent' or underlying meaning; whether the context in which a communication was set was used in the determination of its meaning; whether every unit was capable of being allocated to one or other of the categories; and whether units could have been allocated simultaneously to more than one category.

1. Latent and Manifest Content.

i. Use of Manifest Content. In categorising the unit, the scorer paid attention only to what he considered its 'manifest' or obvious, literal meaning to be. He did not attempt to assess 'latent' or underlying meanings.

ii. Alternative Methods of Scoring. Sklansky et al. (1960) give an example of a patient entering the therapy room and saying: 'This is getting pleasanter....its nice and cool'. The manifest content is that the patient is pleasantly cool, or more generally, that he likes a cool room. However, Sklansky et al. point out that the statement can also imply several 'latent' meanings e.g. 'I like to be here with you'; 'I'm beginning to enjoy therapy'; or 'I love you, and will miss you this summer'. In psychotherapy, it would probably be one of these latent meanings to which the therapist would respond. However, on the basis of which of these meanings should the scorer in a content analysis study allocate the unit to a content category? Strupp (1962) states the problem thus: "Quantifications which are restricted to the surface meaning of communications are at best superficial and at worst grossly misleading. 'Depth' interpretations, on the other hand, must necessarily.....take into account contexts, non-verbal cues, associate trends etc. Thus objectivity is hard to achieve. One might also say that ease of measurement and psychological meaningfulness are inversely related" (p.590). Thelen (1954) makes a similar point.

The low inter-scorer reliability of assessments of latent meaning has frequently been noted (Strupp and Luborsky, 1962).

Not only are the cues upon which the assessment is based difficult to define, but the relationship between a verbal symbol and its underlying, 'latent' meaning probably differs from person to person (Leary and Coffey, 1955). Probably because of this low reliability, the majority of content analysis studies have ignored 'unconscious' motives (Auld and Murray, 1955). For example, Murray (1956) stated that he took communications "at their face value"; Steinzor (1949) did not make "value judgements" when allocating units; even Joel and Shapiro (1949) who analysed emotional processes recorded only the discernable feeling "nearest to the surface". Some workers, notably Chapple (1940) and Kräupl Taylor (1961) have argued very strongly against the analysis of subtle psychological processes from verbal data. Bales (1950a) took the view that the meaning scored should be the one given to the communication by the group member to which it was addressed. The scorer attempts to take "the role of the generalised other" and to think of himself as a group member - specifically, the one to whom the communication was made. The scorer then attempts to classify the act according to its significance for that member. If the member was likely to respond to the latent content, then that was the basis of the allocation; alternatively, if he was likely to respond to the manifest meaning, it was scored.

iii. Decision to Use Only Manifest Meaning. The decision to attend only to the manifest content of units was made for the following reasons. First, as discussed above, the inter-scorer reliability of categorising is almost certainly

improved in this way. It is important in the present study that the criteria for scoring should be as objective as possible, since only a single scorer was employed, and the inter-scorer reliability of the allocation to categories could therefore not be established over all the sessions. Second, Strupp's criticisms of the use of manifest content scoring are applicable more to studies in which the 'meaning' of interactions is being analysed, than to the present one which concerns changes in the frequency of communications. Thus, for example, the present study focuses upon the extent to which members verbalise their feelings for one another clearly and openly, rather than upon inter-member affective communication at any level. Thirdly, the solution adopted by Bales was not suitable for the present study. As psychotherapy groups develop over time, members presumably become more able to interpret the latent content of communications. Thus, if the scorer is to adopt the standpoint of a group member, he should gradually increase the weight which he gives to latent meaning when allocating the unit to a category. Moreover, members are likely to differ in the extent to which they can 'pick-up' underlying meaning, so that the scorer would have to adopt different criteria for each person. The difficulties involved are manifest. For these reasons, therefore, the scorer attended only to the obvious meaning of the communications.

iv. Influence on Results. No studies have been carried out of the influence on quantitative results of the scorer attending to different levels of meaning. However, presumably a smaller number of units would be scored as falling into



each category - particularly the inter-member affect ones - when only overt communications are included than when latent meaning is attended to. Inter-member affect may initially be expressed covertly and only later openly.

2. Use of Context in Scoring.

i. Use of Context. Where it was necessary to clarify the meaning of a unit in order to decide to which category it should be allocated, the scorer could make use of the context in which the unit was set i.e. the communications and interactions which preceded, and 'led up to', it.

ii. Alternative Approaches. Heyns and Zander (1953) give an example of the type of decision which may require to be made in this connection. A communication might give information which enlarged upon a previous statement and contradicted an earlier communication. If the scorer ignored the context - the preceding communications - he might score the communication as 'gives information'; attending to context might lead him to score it as 'enlarges' or 'opposes'. Both Bales (1950a,b) and Lasswell (1938) explicitly state that reference might be made to previous communications when the understanding of a unit depends on it. Dollard and Mowrer (1947) on the other hand scored without reference to context and Truax (1961) went so far as to exclude the names of the patients from the transcript, randomising the units and scoring each quite independently of the others. Most workers, however, do not make explicit their decision in this connection.

iii. Reasons for Use of Context. The reasons for deciding that, where necessary, the scorer should refer to previous communications was made for three reasons. First, the information given by the content analysis of a group interaction is probably more meaningful if contextual cues have been used (Frank and Sweetland, 1962). Second, although inter-scorer reliability is higher when context is ignored (Heyns and Zander, 1953) the loss in reliability is probably very slight, since extremely high reliability coefficients have been obtained using Bales categories which, as noted above, do depend on context. Thirdly, since the present analysis was carried out on tape recordings of group sessions, no randomisation of the units was possible. Because he had listened to the recording, the scorer would have knowledge of the communications preceding any unit. Whether or not it had been agreed to use context, this knowledge would be likely to influence his scoring decisions.

Therefore to avoid this uncontrolled use of context it was decided that the scorer was at liberty to refer to previous communications when determining the meaning of a unit.

iv. Influence on Results. Again, although different results may be obtained i.e. certain communications may be scored in different ways according to whether context is or is not attended to (Frank and Sweetland, 1962) there have been no studies of the influence of this variable, and no estimate of its probable effect can be attempted.

### 3. Single and Multiple Scoring.

i. Use of Single Scoring. Each unit was scored only

once and allocated to only a single content category i.e. the categories were regarded as mutually exclusive and a unit could not be scored simultaneously as, for example, 'direct expression of inter-member affect' and 'affective generalisation'. If the unit appeared to have more than one implication it was scored according to the one which was considered by the scorer to be most dominant.

ii. Alternative Approaches. Some scoring systems permit multiple scoring, with the same unit being allocated to two or more categories. Lasswell (1938) and Stock (1949) permitted multiple coding because the same communication might have several meanings. Joel and Shapiro (1949), Steinzor (1949) and Thelen (1954) all scored each unit in two or more ways. However, the majority of studies have used only single-coding e.g. Bales (1950a,b), Back (1951), Frank and Sweetland (1962) etc.

iii. Reasons for Using Single Scoring. Single scoring was used because it allowed a more simplified method of quantification (Heyns and Zander, 1953), and because there appeared to be no reason for using the alternative, multiple approach. Those studies which have used multiple scoring have usually been interested in how the meaning of a communication varies along several dimensions simultaneously e.g. Thelen (1956) was concerned with the 'work' and 'social-emotional' implications of interactions. However, the present investigation is not concerned with these aspects of meaning.

#### 4. Exhaustiveness of Categories.

i. Use of Non-Exhaustive System. The category system

was not exhaustive i.e. every unit could not be allocated to one or other of the categories, and it was anticipated that a large proportion of the units would not be included.

ii. Alternative Approaches. A number of investigators have devised systems which attempt to be exhaustive and to include in their categories every aspect and type of verbal behaviour likely to occur during the interaction being assessed (e.g. Steinzor, 1949; Bales, 1950a,b; Leary and Coffey, 1955). However, the majority of studies have been concerned with only circumscribed areas, and so have used non-exhaustive systems (e.g. Snyder, 1945; Shearer, 1949; Murray, 1956; Lennard and Bernstein, 1960 and many others). Heyns and Zander (1953) point out that strictly speaking no system is non-exhaustive, since implicit in every non-exhaustive system is a category 'Not in System'. They argue that it is frequently important to know the proportion of communications in this 'Not in System' category. However, this information is seldom given.

iii. Reasons for Using Non-Exhaustive System. A non-exhaustive system was used because it obviously saves time and effort to concentrate only on those topics with which the study is principally concerned. There certainly appeared to be no value in striving to produce an exhaustive system. However following Heyns and Zander, in the present study note was taken of the proportion of communications which were not allocated to one or other of the categories.

#### F. Scoring and Quantification.

##### 1. The Scorer.

i. Use of Single Scorer. The analysis of the tape-recorded group session into sentence-units, and the allocation of these units to a category, where appropriate, was carried out by a single psychologist (the investigator).

ii. Reason for Using Single Scorer. That the scoring was done by only one person has of course the important disadvantage that no estimate of inter-scorer reliability can be obtained, and there is no independent check on the scoring of the investigator. There is an increasing awareness in psychological research of the influence of the investigator and variables associated with him even on apparently objective results (e.g. Condaro and Ison, 1963).

Despite this objection, a single scorer was used in the present study mainly for reasons of economy. The present study involved the analysis of 37, eighty-minute tape-recordings of group sessions. The scoring of each session took approximately 5 hours, due to the pauses and re-plays which were necessary because of the scoring itself and because the recordings were often not distinctly audible. To these 185 hours must be added the five or ten required by a scorer to become familiar with the categories and for practice in scoring. Thus, if a second scorer had been used he would have required to spend perhaps upwards of 200 hours in carrying out the analysis.

For three reasons, it was decided that the question of inter-scorer reliability was not sufficiently crucial to the present study to justify this extra labour - even if someone could have been found to perform it. First, a small

reliability study carried out on nine sessions, and reported below (p. 130), suggested that the inter-scorer reliability both of the analysis into units and of the allocation to categories would be satisfactory. Secondly, since the present study is concerned with changes in the frequency of communications rather than in the absolute number of certain types of communications initiated during a specific period, it is perhaps test-retest rather than inter-scorer reliability which is important. Different scorers might disagree about the absolute number of units in each category (i.e. have low inter-scorer reliability) but might show a high level of agreement about developmental trends in these frequencies (Kräupl Taylor, 1961). A study of the consistency of the investigators' scoring over a period of one year (reported below, p.142 ) suggested that the test-retest reliability of his unitising and allocation to categories was satisfactory. Finally, although the categories themselves appeared to be capable of being used reliably, there remained the possibility of errors in scoring due to the investigator's expectations of the results (Abercrombie, 1964) or other similar factors which might contribute to unintentional bias. As will be discussed below, this was controlled to some extent by the randomisation of sessions etc. and it appears probable that little or no error could have derived from that source.

Presumably for similar reasons, a large proportion of previous content-analysis studies of psychotherapy have employed only single scorers e.g. Talland (1955) and Psathas (1960a,b).

## 2. Scoring Procedure.

i. Randomisation of Tapes. As noted above, the tapes were randomised so that the scorer was unaware of whether the session being scored was from the early, middle or closing stages of therapy. This was done by a secretary removing all identifying features, such as the session number and date, from the spool of the tape and allocating to each tape a code number. Only after all the tapes had been analysed was the scorer informed of the code. Of course the scorer inevitably obtained some information from the content of the tapes; for example, very early sessions were readily identifiable. However, in most of the sessions this was not sufficient for the scorer to have more than a very general idea of where in the sequence the session came.

ii. Procedure. The scoring was done directly from the tape-recording. Each session was played from the beginning. Whenever the scorer decided that a unit had been completed he noted the fact on a record sheet (Appendix D ) and then decided whether the unit could be allocated to one or other of the categories. If so, this was also noted. The scorer could stop or re-play the recording whenever necessary.

iii. Data Recorded. For each unit, four items of information were noted on the record sheet a. the number of the unit - each unit in a session was numbered in sequence b. the name of the group member who made the communication of which the unit was part c. a word or phrase with which the content of the unit could later be identified and d. to which of the categories the unit had been allocated. A mark



was made if it could not be allocated to a category.

3. Quantification. At the end of the scoring of each session, the following information was obtained.

- i. The total number of units initiated during the session.
- ii. The number of units contributed by each of the group members, and these numbers expressed as percentages of the total number of units (i).
- iii. The total number of units allocated to each of the seven content categories, and these numbers expressed as percentages of the total number of units.
- iv. The number of units allocated to each of the categories which had been initiated by each of the group members.

### III. Reliability of Scoring.

In any study which employs the method of content analysis, it is obviously important to assess the reliability with which the coding can be performed. This Section describes the steps taken to do this in the present study.

#### A. Preliminary Studies.

Preliminary studies were carried out to discover any omissions or ambiguities in the instructions for breaking communications into their constituent 'units' and for allocating these to the appropriate categories. The writer, and a second scorer - Dr. H.J. Walton - each analysed several transcribed sessions, using the scoring instructions. Two sets of studies were carried out. In the first, the transcript was analysed into units i.e. simple sentences containing a single idea or item of information (Appendix B). In the second, units which had previously been agreed upon were allocated to one or other of the seven content categories (Appendix C), or to none of them, on the basis of their (manifest) meaning. The scorers discussed any disagreements in their scoring, and where necessary the instructions were amended.

After a final version of the instructions had been agreed upon, the reliability studies proper were carried out. Two aspects of reliability were assessed - the 'inter-scorer reliability' of the breaking down of communications into units and the allocation of these to content categories; and the 'test-retest reliability' or within-scorer consistency of the scoring.

B. 'Inter-Scorer Reliability' of Scoring.

1. Introduction.

i. 'Inter-Scorer Reliability'. As noted above, the present study employed only a single scorer - the writer. The 'inter-scorer reliability' which was assessed was not therefore the extent to which two or more scorers actually agreed in their scoring of all the sessions of the three groups. Instead, agreement was assessed over only a sample of sessions. The index of reliability found in this way provided a measure of the extent to which scorers could agree in their scoring of units and content. Thus, it was largely a measure of the extent to which the scoring instructions (Appendices B and C) were capable of being used reliably by different scorers.

ii. Aspects of Agreement Assessed. On the basis of the hypotheses of the present study, it appeared to be important to assess the 'inter-scorer reliability' of two sets of scores

1. the total number of units into which each session was analysed and
2. the total number of units allocated to each of the seven content categories.

Similar total scores can of course be obtained in different ways. For example, if a communication scored as a single unit by Scorer P, but as three separate units by Q, was followed by one which was scored as three units by P, but singly by Q, the two scorers would have obtained identical totals, but would in fact have disagreed almost completely in their analysis. On the other hand, this was not a serious disadvantage in the present study, since the main concern was with the total number of units in a session or in each category.

In order to show that the results of the analysis were reliable, in the sense that another scorer would have obtained similar results, it was necessary to show only that each of the scorers allocated a similar number of units to each of the categories. In fact, since the hypotheses concerned the relative frequencies of units in different sessions, it was necessary to show only that different scorers would have placed the sessions in the same rank-order on the basis of the number of units of the various types initiated during the sessions.

On the other hand, it was not possible to ignore completely how the totals are comprised. The meaningfulness of the results would clearly have been reduced if a unit-by-unit analysis had showed that different scorers disagreed about, for example, what constituted a unit, or a 'socialisation' communication. Thus, in addition to assessing the extent to which different scorers agreed with one another in the total number of units scored per session, and allocated to each category, some measure of unit-by-unit agreement was also necessary. The latter gave an indication of how far specific units were scored in the same way by different scorers.

iii. Measures of Agreement.

a. Total Number of Units. A correlation coefficient, calculated over the sessions between pairs of scorers, based on the total number of units obtained by each scorer, was the method used by Borgatta and Bales (1953a) and by Murray (1956). As discussed above, it was the rank-ordering of the sessions which was important for the testing of the present hypotheses,

so that a rank-order correlation coefficient was most appropriate in this study. The Spearman Rho was therefore used; the exact method will be described in III B.2p.134(below). The Spearman Rho was preferred to the other commonly used rank-order correlation coefficient, the Kendall Tau, because it is easier to compute while having the same power-efficiency (Siegel, 1956).

b. Unit-by-Unit Agreement. One method of expressing the extent of unit-by-unit agreement is the phi-coefficient (Scott and Wertheimer, 1962). This is based on a 2-by-2 table, whose cells are - A. the number of units scored as 'x' by both scorers P and Q; B. the number scored as 'x' by P but not by Q; C. the number scored as 'non-x' by both scorers, and D. the number scored as 'x' by Q but not by P. This measure could not be used in the present study, since there was no adequate way of assessing the number in cell C i.e. the theoretical total number of units which could have been scored. Murray (1956) attempted to overcome this difficulty by assuming that a unit could have been scored after each individual word. The number in cell C was therefore the total number of words initiated during the sessions which were not scored as the final word of a unit. This is not satisfactory for two reasons. First, there may well be disagreement between the scorers about what constitutes a word. Secondly, in the present study, in which the sessions were not transcribed, the counting of the total number of words per session would have been extremely time-consuming and arduous.

A more simple method was that used by Guetzkow (1950), who found the percentage of all items categorised by the scorers on

which they agreed. Thus there were two reliability figures for each type of communication, one for each scorer i.e. the number scored as 'x' by both P and Q expressed as a percentage of 1. the total number of units scored as 'x' by P and 2. the total number scored as 'x' by Q. This method has the major disadvantage that it does not permit the assessment of the statistical significance of an observed level of agreement. However, in the absence of a better alternative, the Guetzkow index was used in the present study to supplement the rank-order correlation.

## 2. Method.

i. Data Analysed. Nine sessions of Group A were analysed, three being selected at random from each of the three Phases. The entire 80-minute period was analysed.

ii. Scorers. Agreement between two scorers was assessed - Scorer P was the writer, who scored all the data in the present study. Scorer Q was a clinical psychologist in training (Miss J. Smith) who was also an experienced typist who had been employed to transcribe a number of group sessions in connection with another study. She was thus very familiar with the tape-recordings (an important point, because regional accents, poor recordings etc. frequently made the recordings difficult to follow).

iii. Practice. Scorer P had of course drawn up the scoring instructions and in addition scored some practice sessions prior to the reliability study proper. Scorer Q was permitted to score practice sessions and to consult with Scorer P until she considered herself to be thoroughly familiar with the

instructions and scoring procedure. This was an important precaution because in this type of study low inter-scorer reliability might have been obtained merely because of errors and incorrect scoring by one or other of the scorers rather than because of any intrinsic unreliability in the units or categories themselves.

iv. Procedure. The scorers listened to the tape-recordings independently. They were free to replay sections and to consult the written instructions, although not of course to consult with one another. They recorded the units in the way described above, with a note being made of the member initiating each unit and the words with which it started and ended, and the category - if any - to which it was allocated.

v. Scoring. Both scorers then went over the recordings again together. For each unit scored by Scorer P it was noted whether or not Q had scored it in an identical way. If not, it was noted whether the disagreement was in the scoring of the unit itself or in the allocation of the unit to a category. If the former, it was noted whether the unit scored by P had not been scored at all by Q, or whether it had been incorporated into another unit or whether it had been scored as more than one unit. If the disagreement was in the allocation to the categories, note was taken of the category to which Q had allocated the unit.

vi. Measures of Agreement.

a. Total Number of Units Per Session. The total number of units into which each of the nine sessions was analysed by



Scorer P was compared with the total obtained by Scorer Q in two ways.

Rank-order correlation: A Spearman Rho was calculated between the two sets of nine totals.

Unit-by-unit agreement: this was assessed by calculating two Guetzkow indices i.e. 1. the proportion of Scorer P's units (i.e. of the total number of units into which the nine sessions had been analysed by P) which had also been scored as single units by Scorer Q and 2. the proportion of Scorer Q's units which had also been scored as single units by P. Thus, no attention was paid to the categories to which the units were allocated, merely to whether a communication scored as a single unit by P was also scored as a single unit by Q or vice versa.

b. Number of Units Per Category. The number of units allocated to each category by P was compared with the number allocated by Q in two ways.

Rank-order correlation: For each of the seven categories a Spearman Rho was calculated between the nine pairs of scores i.e. the total number of units allocated to the category, during each of the sessions, by P and by Q.

Unit-by-unit agreement: For each of the seven categories, two Guetzkow indices were calculated i.e. the proportion of Scorer P's units which he had allocated, during all nine sessions, to that category and which had also been allocated by Scorer Q, and vice versa.

3. Results.

i. Total Number of Units Per Session.

a. Number of Units Scored. The number of units into which each session was broken-down by each of the scorers is shown in Columns II and III of the following Table. Column I shows the number of units scored in an identical way (without regard to the category to which they were allocated) by the two scorers.

Session	I Units Scored by Both P and Q	II Total Units Scored by P	III Total Units Scored by Q
1	831	912	873
2	848	937	915
3	843	907	899
4	803	849	863
5	713	780	761
6	666	737	700
7	909	948	962
8	853	914	899
9	782	825	832

b. Rank-Order Correlation. The Spearman Rho calculated between Columns II and III was +0.97, which with  $N = 9$  was significant at well beyond the .1% level of significance (one-tailed test).

c. Unit-by-Unit Agreement. The Guetzkow indices were as follows:-

Proportion of Scorer P's units also scored by Q  
(i.e. Col.I/Col.II) = 92.8%

Proportion of Scorer Q's units also scored by P  
(i.e. Col.I/Col.III) = 94.1%

ii. Number of Units per Category.

a. Number of Units Scored. Column I, below, shows for each of the seven categories the number of units over the nine sessions about which there was complete agreement i.e. the number of single units scored by Scorer P which had also been scored as single units by Q, and which had been allocated to that category by both Scorers. Columns II and III show the total number of units allocated to each of the categories over all nine sessions by Scorer P and Scorer Q respectively.

Category	I No.Units Allocated to Category by Both P and Q.	II Total No. Allocated by P.	III Total No. Allocated by Q.
Socialisation Information	85	104	107
Socialisation Questions	25	30	31
Other Socialisation	632	833	801
Direct Expression of Affect	130	176	193
Interpretation etc. of Affect	141	186	162
Socialisation Generalisation	52	73	78
Affective Generalisation	15	23	18

These are all totals of nine sessions.

b. Rank-Order Correlations. The Spearman Rho's calculated for each category were as follows:-

Category	Rho	p *
Socialisation Information	+0.95	<.001
Socialisation Questions	+0.97	<.001
Other Socialisation	+0.87	<.001
Direct Expression of Affect	+0.97	<.001
Interpretation etc. of Affect	+0.97	<.001
Socialisation Generalisation	+0.97	<.001
Affective Generalisation	+0.96	<.001

\* one-tailed test; N = 9.

c. Unit-by-Unit Agreement. The Guetzkow indices, calculated from the above Table, for each category separately, were as follows:-

Category	% of P's Units Allocated to Same Category by Q. (i.e. Col. I/Col. II).	% of P's Units Allocated to Same Category by P. (i.e. Col. I/Col. III).
Socialisation Information	81.7	79.4
Socialisation Questions	83.3	80.7
Other Socialisation	75.6	78.9
Direct Expression of Affect	73.9	67.4
Interpretation etc. of Affect	75.8	87.0
Socialisation Generalisation	71.2	66.7
Affective Generalisation	65.2	83.3

#### 4. Discussion.

i. Extent of Agreement. The analysis showed that, of the total number of single units scored by P in the 9 sessions, about 93% were also scored as single units by Q. The rank-order correlation coefficient of +0.97 showed that almost complete agreement existed between the two scorers with regard to the ranking of sessions according to the total number of units into which the interactions of the sessions could be analysed. Similarly, high coefficients were found when the number of units allocated by each scorer to each of the categories were compared. Unit-by-unit comparison, however, showed that to some extent these similar totals were composed of different units. Thus, of the units allocated to the category 'Affective Generalisation' by Scorer P, only about two-thirds were similarly allocated by Q. On the other hand, as discussed above, it was the totals that were important for testing the hypotheses of the present study.

ii. Sources of Disagreement. The extent of agreement between the scorers in allocating units to specific categories was influenced by the inter-scorer reliability of two sets of operations - the breaking-down of communications into their component units, and the allocation of these units to one or other of the seven categories, or to none of them. Agreement regarding the total number of units within each session was of course influenced by only the first of these operations, since no attention was paid to the specific content of the categories.

a. Analysis into Units. Inspection showed that the discrepancies between the two scorers were of three main types: 1. 'Relational Sentences', which Scorer Q occasionally, and incorrectly, scored as two units whereas Scorer P followed the instructions and scored them as single units. 2. 'Conjunctival Sentences', which Scorer Q frequently, and incorrectly, scored as single units and which Scorer P, following the instructions, scored as two or more units. 3. Units considered to be unscorable by one scorer, but scored by the other. Scorer Q was usually more ready to consider a communication as unscorable. Discrepancies of types 2 and 3 were the main reason for Scorer Q usually breaking down a session into fewer units than Scorer P.

Thus, a large proportion of the discrepancies between the scorers resulted from scoring errors i.e. failure by Scorer Q to apply the criteria detailed in the scoring instructions. There were relatively few genuine differences of opinion, in which even after the scoring instructions had been consulted and applied as accurately as possible, the two scorers disagreed about how a communication should be analysed.

b. Allocation to Categories. No obvious sources of disagreement could be discovered. One factor which certainly reduced agreement was scoring errors made by Scorer Q. Subsequent inspection by both scorers discovered at least 50 examples of the scoring instructions having been applied incorrectly by Q.

Agreement was highest for the 'Socialisation' categories and lowest for the 'Generalisation' ones. This was to be expected, for reasonably clear criteria could be formulated for judging whether or not a communication referred to 'Socialisation' - specific references to aims, methods etc. On the other hand, when using the 'Generalisation' categories, the scorer had not only to decide whether a unit referred to 'Socialisation' or 'Inter-Member Affect', but then had to decide whether it related events within and outwith the group. Differences could occur between scorers with respect to either decision.

iii. Comparison with Other Studies. Seeman (1949), using units similar to those of the present study, assessed the extent to which four judges agreed about the number of units into which each of several hours of psychotherapy could be analysed. The average agreement was 95%. Murray (1956) also using this unit, found agreement between two judges to range from 88% to 94% over single hours of dyadic psychotherapy. The agreement in the present study - 92.8% and 94.1% - is therefore similar to that of these previous studies.

The between-scorer reliability of coding interactions

into specific content categories appears to vary between +0.75 and +0.95, according to the category (Borgatta and Bales, 1953a). The reliability of present categories thus compares favourable with that of categories used in other studies.

C. Test-Retest Reliability of Scoring.

1. Introduction.

i. 'Test-Retest Reliability'. As only a single scorer was used in the present study, it was particularly important that an estimate should have been made of the test-retest reliability of the scoring i.e. the consistency of the scorer. This is an aspect of reliability which is usually neglected in content analysis studies (Borgatta and Bales, 1953a). As will be described below, the test-retest agreement was assessed on the basis of only a sample of the sessions analysed. Consequently, the index of reliability which was obtained was not the 'test-retest reliability' proper, but only an indication of the extent to which the investigator was able to use the scoring instructions in exactly the same way on two occasions.

ii. Aspects of Agreement Assessed. As in the study of 'inter-scorer reliability' reported above, agreement was assessed for two sets of scores 1. the total number of units into which each session was allocated and 2. the total number of units allocated to each of the seven content categories.

iii. Measures of Agreement. For reasons discussed above, for each of these sets of scores two measures were used to assess the extent of agreement - the Spearman Rho and the



Guetzkow index.

2. Method.

i. Data Analysed. Six sessions from among the nine included in the study reported in B (above) were used. Two were from each phase of Group A, and the full 80-minute period was analysed.

ii. Scorer. The study involved a comparison of Scorer P's allocation on two different occasions.

iii. Procedure. Six sessions which had been analysed in the inter-scorer reliability study were re-analysed almost one year later. Exactly the same procedure was followed on both occasions.

The scorer had not seen the data for several months prior to the re-scoring, and so had only a very general idea of what the totals had been on the previous occasion.

iv. Practice. Prior to the first analysis, the scorer of course had had ample practice in scoring. Before the retest occasion, he scored two sessions to refamiliarise himself with the scoring instructions.

v. Scoring. The same scoring procedure was adopted as in the inter-scorer reliability study. For each unit scored on the first occasion it was decided whether or not it had been scored in a similar way on the second. If not, the nature of the disagreement was noted.

vi. Measures of Agreement.

a. Total Number of Units Per Session. The total number of units into which each of the six sessions was analysed on the first occasion was compared with the total number on the second occasion. Two indices were used:

Rank-order correlation: A Spearman Rho was calculated between the two sets of six totals.

Unit-by-unit agreement: Two Guetzkow indices were calculated - the proportion of units scored on the first occasion which had also been scored as single units on the second occasion, and vice versa.

b. Number of Units per Category. The number of units allocated to each content category on the two occasions was also compared in these two ways.

Rank-order correlations: For each category, a Spearman Rho was calculated from the six pairs of totals i.e. the number of units allocated to the category on each occasion.

Unit-by-unit agreement: For each of the categories, two Guetzkow indices were calculated i.e. the proportion of units allocated on the first occasion which was similarly allocated on the second occasion and vice versa.

### 3. Results.

#### i. Total Number of Units Per Session.

a. Number of Units Scored. The number of units into which each of the six sessions was broken-down on each of the two occasions is shown in Columns II and III respectively of the following Table. Column I shows the number scored in an identical way, without regard to content, on the two occasions.

Session	No. Units Scored Same Way on Both Occasions	Total Units Scored on 1st Occasion	Total Units Scored on 2nd Occasion.
1	963	986	1012
2	685	709	693
3	763	780	795
4	880	893	911
5	909	948	931
6	888	914	902

b. Rank-Order Correlation. The Spearman Rho calculated between Columns II and III was +0.94, which with  $N = 6$  was significant at the .1% level (one-tailed test).

c. Unit-by-Unit Agreement. The Guetzkow indices were:-

Proportion of units scored on 1st occasion  
also scored on 2nd occasion - 97.3%

Proportion of units scored on 2nd occasion  
also scored on 1st occasion - 97.0%

ii. Number of Units Per Category.

a. Number of Units Scored. Column I below shows the number of units allocated to each category on both occasions and Columns II and III give the total number allocated on each occasion.

Category	I No. Units Allocated to Category on Both Occasions	II Total No. Allocated on 1st Occasion	III Total No. Allocated on 2nd Occasion
Socialisation Information	54	58	63
Socialisation Questions	6	7	6
Other Socialisation	490	504	539
Direct Expression of Affect	107	127	113
Interpretation etc. of Affect	127	131	141
Socialisation General- isation	29	33	40
Affective Generalisation	12	16	13

These are all totals of six sessions.

b. Rank-Order Correlations. The Spearman Rho's calculated for each category were as follows:-

Category	Rho	p *
Socialisation Information	+0.94	= .01
Socialisation Questions	+0.97	<.01
Other Socialisation	+0.91	<.05
Direct Expression of Affect	+0.89	<.05
Interpretation etc. of Affect	+0.89	<.05
Socialisation Generalisation	+0.91	<.05
Affective Generalisation	+0.94	= .01

\* one-tailed test; N = 6.

c. Percentage Agreement. The Guetzkow indices of percentage agreement i.e. the percentage of those items which were allocated to a particular unit on the first occasion, which were similarly allocated on the second occasion, were as follows:-

Category	% of Units Allocated to Category on 1st Occasion Also Allocated to Category on 2nd Occasion.
Socialisation Information	93.1
Socialisation Questions	85.7
Other Socialisation	97.2
Direct Expression of Affect	84.3
Interpretation etc. of Affect	92.7
Socialisation Generalisation	87.9
Affective Generalisation	75.0

#### 4. Discussion.

i. Extent of Agreement. There was very close rank-order agreement between the total number of units per session obtained on the two occasions. Unit-by-unit agreement was also very high, with 97.3% of the units scored on the first occasion being scored as single units subsequently.

There was close agreement also in the scoring of the individual categories. All seven Spearman Rho's were significant at beyond the 5% level. The unit-by-unit agreement was also very high, with only one category - Affective Generalisation - being below 85%. This category of communication occurred very infrequently during the six sessions under investigation.

ii. Sources of Disagreement. As in the studies of inter-scorer reliability, there was greater agreement regarding 'Socialisation' communication than about the other types. Some of the disagreement observed between the scoring on the two occasions was due to differences in unitising - usually to a unit which was considered to be unscorable on one occasion being scored on the other occasion. However, most of the differences resulted from disagreements in the allocation of units to categories. No single, major reason could be discovered to account for these disagreements, although some were due to scoring errors on the second occasion - by which time, of course, the investigator had become less familiar with the scoring instructions.

iii. Comparison with Other Studies. Borgatta and Bales (1953a) computed a product moment correlation between the

scoring of all twelve Bales categories by experienced scorers on two occasions, four weeks apart. A correlation coefficient of +0.92 was obtained, which is comparable to those in the present study. That the interval in this present study was one year might suggest that the present categories are intrinsically more reliable than the Bales set. However, it seems unlikely that the length of interval can itself influence the test-retest reliability provided of course that it is sufficiently long for the scorer to have forgotten how he allocated specific units.

#### D. Conclusions.

Two scorers thus showed close agreement in the total number of units into which they analysed the verbal interactions of group meetings. They also showed close agreement in the number of units which they allocated to each of the seven content categories used in the present study. This was the case even with those categories, such as I iii, with which the unit-by-unit agreement of the scores was only moderate. In general, however, unit-by-unit agreement was high and comparable with that of previous studies. To a large extent, what disagreement there was reflected scoring errors by Scorer Q, who of course had had considerably less experience than Scorer P, the investigator, in the use of the instructions.

Similarly, there was close agreement between the number of units into which six sessions were analysed by the investigator on two occasions one year apart. There was also close agreement between the number of units allocated to the seven content categories on each occasion. Unit-by-unit comparison

showed that the totals were made up, to a large extent, of the same units.

Both inter-scorer agreement and within-scorer consistency thus appear to be high. As has been pointed out above, these studies of agreement have not been of 'inter-scorer reliability' or of 'test-retest reliability' since not all the sessions of the investigation proper have been included. Instead, only a small proportion has been analysed. Therefore, there has been no estimate made of the reliability of the results of the investigation proper. Rather, an assessment has been made of the extent to which the analysis into units and the allocation of these to categories is capable of being carried out reliably, both by different scorers and by the same scorer on different occasions. The argument is that if the content analysis is shown to be capable of being carried out reliably, then provided that other sources of error are controlled, it is probable that the results of the investigation proper are replicable i.e. other scorers, analysing the same data, will obtain a similar distribution of units among the categories.

Probably the main source of error other than the intrinsic unreliability of the unitising and categorising procedures is scorer bias e.g. the scorer, because of his knowledge of the expected results, might be more likely to score 'Socialisation' communications during the earlier sessions than during the later ones. Error of this type was discussed previously (under Scoring Procedure, II F2, p.128 above), and it was considered that it had been controlled to a large extent by the 'blind-scoring' procedure of the present study.



In conclusion, therefore, it appears to be very likely that, in the present study, any differences found at various stages of group development in the frequency of a category of communication are likely to reflect genuine differences in the frequency with which it is used in the group, rather than be due merely to error from various sources.

#### IV. Statistical Analysis.

##### A. Independent Analysis of Groups.

1. Method. The hypotheses were tested for each of the Groups separately. Thus, the results of Groups A, B and C were analysed independently, and conclusions were reached for each group separately, no account being taken of results of the other Groups.

2. Discussion. This approach is an example of that labelled 'single-case' by Shapiro (1963, 1966) and McPherson and Le Gassicke (1965) and 'intensive' by Chassan (1961, 1967) and Chassan and Bellak (1966). In 'single case' research, the parameters are derived from measures made on one individual at a time, whereas in 'group-centered' or 'extensive' research, parameters are derived from the means and variances of measures obtained from groups of subjects. To avoid confusion, it should be noted that the present study makes use of this approach since it is based on groups (i.e. psychotherapy groups) which are treated as 'individuals' and analysed independently. The 'extensive' approach would have involved combining the results of the three Groups. Thus, the 6 sessions of A's Phase I would be combined with the 3 of B's Phase I and the 5 of C's Phase I and the combined total would have been compared with similarly combined totals for Phases II and III.

A general comparison of the 'intensive' and 'extensive' approaches is given by the above authors. Of previous studies in this area that of Murray (1956) is an example of the former and that of Lennard and Bernstein (1960) of the latter. In the present study, the 'extensive' approach was

rejected for two reasons. First, the three Groups were dissimilar in several respects, so that the combining of their results would not have been justified. For example, in the type of patient in the group, Group C differed markedly from the others. Secondly, as pointed out by the above authors, combining data in this way can result in an important loss of information. Thus, analysing the groups separately indicates how many of them show the hypothesised trends. It also reveals the extent of variation in their results. For example, although all three might exhibit similar general trends, the rate of change might differ from group to group. Combining the results will obscure these variations and ".... will yield a functional relation which has no counterpart in the behaviour of the individual". (Sidman, 1960 p.53).

#### B. Data Analysed.

The data analysed differed according to the hypotheses being tested.

##### 1. Hypotheses Ai and ii, Bi and ii and Ci and ii.

i. Method. These six hypotheses concerned changes over time in the frequency of occurrence of communications of different types. The data analysed were the actual number of communications of each type made during each group session.

ii. Discussion. The alternative approaches to the statistical analysis of content analysis results are either to use the actual frequency of occurrence of each type of communication, or to express this frequency as a percentage of the total number of communications made during the session. In the latter approach, the percentages are used as the data in the statistical analysis.

The advantage of the latter approach is that it controls for differences in the general liveliness of discussion i.e. total number of communications made per session. For example, if the liveliness of discussion increases as the group develops, changes in the frequency of occurrence of certain types of communication might occur as a result of this general increase. However, the increase might be attributed erroneously to a process specific to that type of communication. This possibility may be avoided by analysing only percentage frequencies.

On the other hand, the use of actual frequencies is probably more meaningful in the present study. For example, it is presumably the actual amount of socialisation information or of expression of inter-member affect which is important for group development and therapeutic change respectively, rather than the frequency of these communications relative to other types. Therefore it was decided to use actual numbers, provided that an analysis of the total number of communications made during each session revealed no systematic and significant change over the Phases. The analysis, reported in Table 1 below (p.166), showed no differences between the Phases in any of the Groups, and the actual frequencies were therefore used in the testing of Hypotheses A<sub>i</sub> and i<sub>1</sub>, B<sub>i</sub> and i<sub>1</sub> and C<sub>i</sub> and i<sub>1</sub>.

2. Hypotheses A<sub>iii</sub>, C<sub>iii</sub>, D<sub>i</sub>, i<sub>1</sub> and i<sub>11</sub> and E<sub>i</sub>.

i. Method. These six hypotheses concerned changes over time in the relative frequency of one type of communication, e.g. 'Socialisation Information' compared with that of another type, e.g. 'Socialisation'. The number of communications of

one type made during each session was expressed as a percentage of the other total, and the subsequent analysis was carried out on these percentages.

Thus, to test Hypothesis Aiii, the total number of 'Socialisation Information' communications made during each session was expressed as a percentage of the total number of 'Socialisation' communications made during that session.

For Hypothesis Ciii, the number of 'Socialisation Generalisation' communications was expressed as a percentage of the total 'Generalisation' communications.

For Hypotheses Di, ii and iii, the number of communications of each type which was initiated by the Group Conductor was expressed as a percentage of the total number of communications of that type.

For Hypothesis Ei, the number of communications of any type initiated by the Group Conductor was expressed as a percentage of the total number of communications made during the session.

### 3. Hypothesis Eii.

1. Method. This hypothesis concerned the distribution of communications among the patient-members of the groups. The standard deviation of the distribution within each session was taken as a measure of the extent to which the distribution approached equality (high standard deviations indicating large differences in the number of communications which each member contributed). These standard deviations were used as the 'scores' in the subsequent analysis. In calculating the standard deviations, communications initiated

by the Group Conductor or by a Group Observer were excluded, as were communications whose initiator could not be determined with certainty.

ii. Discussion. Kräupl Taylor (1961) suggested another method. The mean number of communications made by each member during a session is calculated and the deviation of each member from this average is the member's 'd-score'. The difference between the highest and lowest (i.e. highest negative) d-scores is used as a measure of the extent to which members take an equally active part in the discussion (a low d-score) or differ widely (a high d-score). The d-score is expressed as a percentage of the total number of communications in the session so as to control for the effects of differences in the liveliness of sessions. This measure was rejected for use in the present study because it appeared to be influenced too greatly by extreme scores i.e. by the most and least talkative members, so that abnormally high or low participation by only a single member might have had a disproportionate effect on the d-value. The standard deviation, on the other hand, is generally considered to be the most stable and accurate measure of population parameters (Ferguson, 1959).

C. Statistical Tests.

1. Method. A separate analysis was carried out to test each of the 13 hypotheses for each group, so that a total of 39 independent analyses were made. Different tests were used for Groups A and B and for Group C.

i. Groups A and B. In these, three Phases of group development were compared with one another. The Kruskal-Wallis

One-Way Analysis of Variance (Kruskal and Wallis, 1952) was applied to discover whether differences observed among the three Phases (i.e. samples), in the frequencies of the communications to which the hypothesis referred, signified genuine differences between the Phases; or alternatively whether they represented merely chance variations such as might be expected among several random samples from the same population. The Kruskal-Wallis Analysis of Variance tested the Null Hypothesis that the three Phases (samples) came from the same population. The test is a non-parametric method, based on ranks, and intended for use with three or more independent samples.

The formula of 'H', the statistic used in the Kruskal-Wallis test is:

$$H = \frac{12}{N(N+1)} \sum_{j=1}^k \frac{R_j^2}{N_j} - 3(N+1)$$

where K = number of Phases (samples)

N<sub>j</sub> = number of entries in j th sample

N = number of entries in all samples combined

R<sub>j</sub> = sum of ranks in j th sample

If the samples are from the same, or from identical populations H is distributed as chi-square with df = k-1.

ii. Group C. In this Group, only two Phases were compared with one another. The Mann-Whitney 'U' test (Mann and Whitney, 1947) was used to test whether the two Phases (samples) could have been drawn from the same population. This test is a non-parametric one, based on ranks, and intended for use with two, independent samples. The formula of 'U', the statistic used in the Mann-Whitney test is:



$$U = n_1 n_2 + \frac{n_1(n_1 + 1)}{2} - R_1$$

where  $R_1$  = sum of the ranks assigned to group whose sample size is  $n_1$ .

The possibility associated with the occurrence of values of 'U' are given in Table K of Siegel (1956).

2. Discussion. Two aspects of the analysis will be discussed - the use of non-parametric tests and the use of the Kruskal-Wallis and Mann-Whitney tests.

i. Use of Non-Parametric Tests. The distinction between parametric and non-parametric statistics is discussed by Siegel (1956) and others. Parametric tests such as Analysis of Variance and the t test make several assumptions about the nature of the populations from which the scores are drawn, e.g. that they are normally distributed and have the same variance (Maxwell, 1958). In the present study, nothing was known about the distribution of the communications being investigated and it was decided that these assumptions would not be justified. Non-parametric tests were therefore used, because techniques of this type are uninfluenced by population parameters and do not require stringent assumptions to be made (Siegel, 1956).

ii. Use of Specific Tests.

a. Use of Kruskal-Wallis test. The Kruskal-Wallis Analysis of Variance is one of several non-parametric techniques for use with k (i.e. three or more) independent samples. The test assumes, along with equivalent parametric tests, that the variable under study has an underlying continuous distribution i.e. one which is not restricted to

having only isolated values. It also assumes that at least ordinal measurement of the variable is possible i.e. that different values of the variable can be rank-ordered in terms of their size. The variable under study in the present study is the frequency of certain types of communication, so that these assumptions appear to be justified.

The main alternative non-parametric test to the Kruskal-Wallis is an extension of the median test (Siegel, 1956). The Kruskal-Wallis was preferred because it makes more use of the information in the observations and is hence more efficient. Whereas it converts scores - frequencies - to ranks, the median test converts them only to 'pluses' or 'minuses'. It thus preserves the sizes of the scores more fully and is hence likely to be more sensitive to differences among the samples. Siegel (1956) suggests that the Kruskal-Wallis test is the most powerful of the non-parametric tests for  $k$  independent samples. Compared with the parametric Analysis of Variance  $F$  test, the most powerful parametric test and the one which is appropriate to the analysis of data from  $k$  independent samples, the Kruskal-Wallis test has a power efficiency of 95.5% (Siegel, 1956).

One disadvantage of the Kruskal-Wallis test is that it takes no account of the order of the samples. The hypotheses in the present study imply that significant differences exist between the three samples - Phases - and specify the order in which the Phases may be ranked. For example, Hypothesis  $A_i$  is that the frequency of 'Socialisation' communications is different in the three Phases, with Phase I (i.e. the 'Early

Phase') having the largest number, and Phase III (the 'Late Phase') the smallest. The Kruskal-Wallis test allows the Null Hypothesis that the samples are all drawn from the same population to be tested, but in the event of its being rejected does not allow the testing of the specified alternative i.e.  $I > II > III$ . There are two non-parametric tests which are designed to test the prediction that averages will occur in a specified order. These are the Whitney extension of the Mann-Whitney test (Whitney, 1951), a significance test for three samples, and Jonckheere's (1954) k-sample test. However, it was decided not to use these tests for the following reasons. First, nothing is known of their power-efficiency relative to the Kruskal-Wallis test or to equivalent parametric techniques. Second, neither test deals adequately with ties. Whitney made no reference in his article to the possibility of scores being similar and hence tied rankings occurring. Jonckheere proposed the solution"....to untie the items tied in such a manner that their values become the most unfavourable possible to the alternative hypothesis under consideration" (p.143). However, this is feasible only if the number of ties is small, and it was anticipated that in the present study this might have not been the case. Thirdly, the Tables given by Jonckheere include only samples with at most five entries each, whereas Group A in the present study has six entries - sessions - within each phase.

b. Use of Mann-Whitney test. The Kruskal-Wallis test could not be used with Group C, since it is intended for use

with three or more samples, whereas Group B has only two (i.e. Phases). The 'U' test is one of several non-parametric tests for use with two, independent samples. This test involves similar assumptions to the Kruskal-Wallis regarding the nature of the data being analysed. It was selected because it is held to be one of the most powerful of the non-parametric tests, with a power efficiency with moderately sized samples of 95%, compared with its parametric equivalent, the t test (Mood, 1954). It is stated by Siegel (1956) to be "an excellent alternative to the t test and of course it does not have the restrictive assumptions and requirements associated with the t test" (p.126).

D. Testing the Hypotheses.

1. Hypothesis Ai. Frequency of 'Socialisation' Communications.

The data analysed were the total number of units within each session which had been allocated to Category I i.e. Categories Ii + Iii + Iiii. In Groups A and B, the three Phases were compared using the Kruskal-Wallis test and the Hypothesis was considered to have been confirmed in either Group if the mean frequencies of the Phases were in the predicted order,  $I > II > III$  (i.e. more Socialisation communications during Phase I than Phase II etc.) and the test showed the Phases to differ significantly (at or beyond the .05 level).

In Group C, the two Phases were compared using the Mann-Whitney test, and the Hypothesis was considered to have been confirmed if the mean frequencies of the Phases were in the

predicted order  $I > II$  and the test showed the Phases to differ significantly (at or beyond the .05 level).

2. Hypotheses Aii a, b and c: Frequency of a. 'Socialisation Information', b. 'Socialisation Questions' and c. 'Other Types of Socialisation' Communications. The data analysed in testing Hypothesis Aii were the total number of units within each session which had been allocated to Category I. In testing Hypotheses Aii b and Aii c the data were the number of units allocated to Categories Iii and Iiii respectively.

Each Hypothesis was tested separately, and for each Group, the hypotheses were considered to have been confirmed if the mean frequencies were in the predicted order  $I > II > III$  (Groups A and B) and  $I > II$  (Group C) and if the Phases differed significantly.

3. Hypothesis Aiii: Relative Frequency of 'Socialisation Information' Communications. The data analysed were the number of units allocated to Category Ii within each session expressed as a percentage of the total number of units allocated to Category I as a whole. i.e.  $Ii + Iii + Iiii$ . The Hypothesis was considered to have been confirmed in any group if the percentage calculated over each Phase as a whole were in the predicted order  $I > II > III$  (Groups A and B) and  $I > II$  (Group C) and if the Phases differed significantly.

4. Hypothesis Bi: Frequency of 'Inter-Member Affect' Communications. The data analysed were the total number of units within each session which had been allocated to Category II i.e. Categories Iii + Iiii. The Hypothesis was considered to have been confirmed in any group if the mean

frequencies were in the predicted order  $III > II > I$  (Groups A and B) and  $II > I$  (Group C) and if the Phases differed significantly.

5. Hypotheses Bii a and b: Frequency of a. 'Direct Expression of Inter-Member Affect' and b. 'Interpretations, Evaluations and Questions Relating to Inter-Member Affective Relations'. The data analysed in testing Hypothesis B ii a were the number of units allocated to Category IIIi, and in testing Bii b, the number allocated to Category IIIii.

Each Hypothesis was tested separately and was considered to have been confirmed if the mean frequencies were in the predicted order  $III > II > I$  (Groups A and B) and  $II > I$  (Group C) and if the Phases differed significantly.

6. Hypothesis Ci: Frequency of 'Generalisation' Communications. The data analysed were the total number of units within each session which had been allocated to Category III, i.e. Categories IIIi + IIIii.

The Hypothesis was considered to have been confirmed in any Group if the mean frequencies were in the predicted order,  $III > II > I$  (Groups A and B) and  $II > I$  (Group C) and if the Phases differed significantly.

7. Hypotheses Cii a and b: Frequency of a. 'Socialisation Generalisation' and b. 'Affective Generalisation' Communications. The data analysed in testing the Hypotheses were the total number of units allocated to Category IIIi ('Socialisation Generalisation') and IIIii ('Affective Generalisation').

The Hypotheses were tested separately and were considered to have been confirmed if the mean frequencies were in the

predicted order  $III > II > I$  (Groups A and B) and  $II > I$  (Group C) and if the Phases differed significantly.

8. Hypothesis Ciii: Relative Frequency of 'Socialisation Generalisations'. The data analysed were the number of units allocated to Category IIIi expressed as a percentage of the total number allocated to Categories IIIi and ii.

The Hypothesis was considered to have been confirmed in any Group if the percentages calculated over each Phase as a whole were in the predicted order  $I > II > III$  (Groups A and B) and  $I > II$  (Group C) and if the Phases differed significantly.

9. Hypothesis Di: Relative Frequency of Therapist-Initiated 'Socialisation Information' Communications. The data analysed were the number of units in Category Ii within each session which had been initiated by the Group Conductor, expressed as a percentage of the total number of units in the Category.

The Hypothesis was considered to have been confirmed in any Group if the percentages calculated over each Phase as a whole were in the predicted order,  $I > II > III$  (Groups A and B) and  $I > II$  (Group C) and if the Phases differed significantly.

10. Hypothesis Dii: Relative Frequency of Therapist-Initiated 'Affective Interpretation' Communications. The data analysed were the number of units in Category IIIi within each session which had been initiated by the Group Conductor, expressed as a percentage of the total number of units in the Category.

The Hypothesis was considered to have been confirmed in any Group if the percentages calculated over each Phase



as a whole were in the predicted order, I>II>III (Groups A and B) and I>II (Group C) and if the Phases differed significantly.

11. Hypothesis Diii: Relative Frequency of Therapist-Initiated 'Generalisation' Communications. The data analysed were the number of units in Categories IIIi and ii within each session which had been initiated by the Group Conductor, expressed as a percentage of the total number of units in the Category.

The Hypothesis was considered to have been confirmed in any Group if the percentages calculated over each Phase as a whole were in the predicted order I>II>III (Groups A and B) and I>II (Group C) and if the Phases differed significantly.

12. Hypothesis Ei: Relative Frequency of Therapist-Initiated Communications. The data analysed were the number of units of any type within each session which had been initiated by the Group Conductor, expressed as a percentage of the total number of communications made during the session.

The Hypothesis was considered to have been confirmed in any Group if the percentages calculated over each Phase as a whole were in the predicted order I>II>III (Groups A and B) and I>II (Group C) and if the Phases differed significantly.

13. Hypothesis Eii: Distribution of Communications Among Members. The data analysed were the standard deviations calculated for each Group on the basis of distribution of units among members, excluding the Group Conductor and Observer, and any units which could not be attributed to a specific member.

The Hypothesis was considered to have been confirmed in any Group if the mean standard deviations of the Phases were in the predicted order I>II>III (Groups A and B) and I>II (Group C) and if the Phases differed significantly.

RESULTS.

A. Total Communications and Members Present.

1. Total Communications. The total number of communications of all types i.e. not only those with which the present investigation was concerned, initiated during each of the 80-minute group sessions is shown in Table 1.

In all three Groups, the mean number of communications i.e. units, made per session differed slightly from Phase to Phase. However, as shown in Table 2, these differences were found not to approach statistical significance when tested by the Kruskal-Wallis test (Groups A and B) and the Mann-Whitney test (Group C).

Because of this finding that the total number of communications did not vary significantly from session to session it was decided that it would be legitimate to use raw, or actual, frequencies of occurrence of communications in subsequent calculations.

2. Number of Members Present. Table 1 also shows the number of members present at each session. The totals exclude the Group Conductor, and any Group Observer who may have attended.

Although the mean number present increased over the three successive Phases of Group A and over the two successive Phases of Group C, Table 2 shows that the differences did not approach statistical significance. The differences between the Phases of Group B were also not significant.

3. Inter-Group Comparison. A direct, statistical comparison of the three Groups was not relevant to the purpose of the

Table 1 - Number of Communications and Members.

Total number of communications made during each session and the number of members - excluding the Group Conductor and any Group Observer - present.

	Phase					
	I		II		III	
	<u>Total</u> <u>Comms.</u>	<u>Members</u>	<u>Total</u> <u>Comms.</u>	<u>Members</u>	<u>Total</u> <u>Comms.</u>	<u>Members</u>
<u>Group A</u>	912	6	942	7	948	8
	986	6	849	8	830	7
	937	6	780	8	732	7
	630	6	894	7	908	8
	709	6	737	7	914	8
	907	7	893	7	825	7
Mean	846.8	6.1	849.2	7.3	859.5	7.5
<u>Group B</u>	804	7	715	4	614	5
	853	7	817	4	876	4
	947	4	857	4	828	4
Mean	868.0	6.0	796.3	4.0	772.7	4.3
<u>Group C</u>	564	4	540	4		
	618	4	602	5		
	427	4	452	5		
	641	5	556	5		
	612	6	532	6		
Mean	572.0	4.6	536.0	5.0		

Table 2 - Significance of Changes in Total Communications and Attendance.

Changes in the total number of communications made per session, and in the number of members attending, over successive Phases, and the statistical significance of the changes (calculated from Table 1).

<u>Group A</u>	<u>Mean Totals in Phases</u>			H $\phi$	p $\star$
	I	II	III		
Total Communications	846.8	849.2	859.5	0.2	N.S.
Members Present	6.1	7.3	7.5	1.8	N.S.
<u>Group B</u>					
Total Communications	868.0	796.3	772.7	0.6	N.S.
Members Present	6.0	4.0	4.3	2.3	N.S.
<u>Group C</u>				U $+$	
Total Communications	572	536		6.0	N.S.
Members Present	4.6	5.0		8.5	N.S.

$\star$  Two-tailed test

$\phi$  d.f. = 2

+  $n_1 = n_2 = 5$

present study. However, inspection of the results indicates a difference of some magnitude between the total number of communications made during Group C's sessions and those of the other two Groups. Table 1 shows that, in the 10 sessions analysed from Group C, the total number of units initiated ranged from only 427 to 641 per session. On the other hand in Group A the range was 630 to 986, with 7 of the 18 sessions having more than 900 communications; in Group B the range was 614 to 947, with only two sessions having fewer than 800 units. This reduced rate of communication in Group C was not due merely to its having fewer members. Table 17 shows that the mean number of communications made by each patient-member was also lower in Group C than in the other two Groups (Table 17 is on p.196).

B. Socialisation .

1. 'Socialisation' Communications. Table 3 shows the total number of 'Socialisation' communications of all types made during each 80-minute session i.e. the number of units allocated to Categories Ii, Iii and Iiii. The '%' column expresses this number as a proportion of the total number of communications in the session (given in Table 1). The statistical analyses reported below were not carried out on these percentages but on the actual frequencies.

In Group A, the frequency of occurrence of 'Socialisation' communications declined markedly over the three Phases, from a mean of 118.5 per session during the early stages of group development to a mean of only 36.2 during the late sessions. This decline was significant at beyond the 2% level.

Table 3 - Number and Proportion of  
'Socialisation' Communications.

The number of 'Socialisation' communications - those in Categories Ii, Iii and Iiii - made during each session and this number expressed as a percentage of the total number of communications in the sessions.

	Phase					
	I		II		III	
	No.	%	No.	%	No.	%
<u>Group A</u>	40	4.4	58	6.2	30	3.2
	143	14.5	138	16.3	15	1.8
	144	15.4	81	10.4	12	1.6
	50	7.9	47	5.3	18	2.0
	66	9.3	134	18.2	107	11.7
	268	29.6	142	15.9	35	4.2
Mean	118.5	13.5	100	12.1	36.2	4.1

H = 8; d.f. = 2;  $p < .02$  (two-tailed test)

<u>Group B</u>	436	54.2	100	15.4	77	12.5
	139	16.3	21	2.6	47	5.4
Mean	212.7	25.7	90.7	11.5	52.3	7.3

H = 2.2; d.f. = 2; N.S.

<u>Group C</u>	65	11.5	54	10.0
	163	26.4	71	11.8
	140	32.8	75	16.6
	103	16.1	16	2.9
	100	16.3	32	6.0
Mean	114.2	20.0	49.6	9.2

U = 2;  $n_1 = n_2 = 5$ ;  $p < .016$  (two-tailed test)

In Group B, the fall in Phase mean frequencies was very large - from 212.7 to 52.3 - but partly because of the large within-Phase variance and partly because of the small number of sessions in each Phase, this decline was not statistically significant. The Kruskal-Wallis test gave an 'H' value of 2.2, which with 2 degrees of freedom, and a two-tailed test, failed to attain the 5% level of significance.

Group C also showed a large fall over its two Phases, which the Mann-Whitney test indicated to be significant at beyond the 2% level.

Hypothesis A1, which was that the frequency of 'Socialisation' communications of all types would decline as psychotherapy groups remain in existence, was therefore confirmed significantly by Groups A and C, and supported although not significantly by Group B.

2. 'Socialisation' Communications of Three Types. Table 4 shows the number of 'Socialisation' communications of three types - 'Socialisation Information', 'Socialisation Questions' and 'Other Socialisation Communications', the last of which were mainly interpretations and evaluations of group members' interactions in relation to the aims, methods, norms and prescribed roles of the Group. These three types of communication correspond to Categories Ii, Iii and Iiii respectively and account for all 'Socialisation' communications.

1. 'Socialisation Information'. The mean frequency of this type of communication declined over successive Phases in all three Groups. Table 5 shows that the decline in Groups A



Table 4 - Number of 'Socialisation' Communications  
of Three Types.

The frequency of the three sub-categories of  
'Socialisation' communication - i. 'Socialisation  
Information' (Category Ii) ii. 'Socialisation Questions  
(Category Iii) and iii. 'Other' - mainly interpretations  
and expressions of attitude (Category Iiii).

	Phase								
	I			II			III		
	<u>Info.</u>	<u>Quest.</u>	<u>Other</u>	<u>Info.</u>	<u>Quest</u>	<u>Other</u>	<u>Info.</u>	<u>Quest.</u>	<u>Other</u>
<u>Group A</u>	2	2	36	20	0	38	0	0	30
	20	0	123	4	4	130	2	0	13
	16	10	108	8	3	70	0	0	12
	7	2	41	7	0	40	0	6	12
	14	3	49	23	4	107	7	0	100
	43	6	219	9	1	132	1	1	33
Mean	17.0	3.8	97.7	11.8	2.0	86.2	1.7	1.2	33.3
<u>Group B</u>	55	37	344	18	5	77	2	5	72
	9	7	123	0	0	21	8	0	39
	16	4	43	6	6	129	0	1	35
Mean	26.6	16.0	170.0	8.0	3.7	75.6	3.3	2.0	48.6
<u>Group C</u>	1	0	64	1	0	53			
	4	1	158	2	0	69			
	11	0	129	1	0	74			
	10	0	93	0	0	16			
	14	2	84	2	0	30			
Mean	8.0	0.6	105.6	1.2	0.0	48.2			

Table 5 - Significance of Changes in Frequency of  
'Socialisation' Communications of three Types

Changes in the frequency, over successive Phases, of the three sub-categories of 'Socialisation' communication, and the statistical significance of the changes (calculated from Table 4).

Mean Frequencies in Phases

	I	II	III	H $\phi$	p *
<u>Group A</u>					
Socialisation Information	17.0	11.8	1.7	7.7	<.05
Socialisation Questions	3.8	2.0	1.2	2.8	N.S.
Other Socialisation Comms.	97.7	86.2	33.3	7.4	<.05
<u>Group B</u>					
Socialisation Information	26.6	8.0	5.7	3.3	N.S.
Socialisation Questions	16.0	3.7	2.0	2.3	N.S.
Other Socialisation Comms.	170.0	75.6	45.3	2.3	N.S.
<u>Group C.</u>				U +	
Socialisation Information	8.0	1.2		3	<.03
Socialisation Questions	0.6	0.0		No test carried out.	
Other Socialisation Comms.	105.6	48.2		2	<.02

and C were statistically significant. Although the decline in Group B was very marked - from an average of 26.6 per session to one of only 2.0 per session - the difference failed to reach significance.

Hypothesis Aiiia, that 'Socialisation Information' communications would become less frequent as group development proceeds was thus confirmed in Groups A and C and supported, but non-significantly, in Group B.

ii. 'Socialisation Questions'. Requests for factual information concerning the aims, methods, norms and roles of treatment also became increasingly less common in all three Groups (Table 4). However, Table 5 shows that in neither Group A nor Group B were the inter-Phase frequencies significantly different - despite a very large decrease in Group B from 16.0 per session during Phase I to 2.0 per session during Phase III. 'Socialisation Questions' were very rare in Group C, occurring in only two of the ten sessions analysed. For this reason, no statistical test was applied. Both these sessions were during the earlier Phase.

Hypothesis Aiiib, that 'Socialisation Questions' would become less frequent as group development proceeded was thus supported, but not significantly, in all three Groups.

iii. Other 'Socialisation' Communications. All three Groups showed a decline in the mean frequency of these communications over successive Phases (Table 4). These differences were statistically significant in Groups A and C but, despite being very large, were not significant in Group B (Table 5).

Hypothesis Aiiic, that other types of 'Socialisation' communication would become less frequent as group development

proceeded was thus confirmed significantly by Groups A and C and supported, non-significantly, by Group B.

3. Relative Frequency of 'Socialisation Information'. Table 6 shows the frequency of 'Socialisation Information' communications made during each session expressed as a percentage of the total number of 'Socialisation' communications of all types made during the session i.e. the number of units in Category Ii as a percentage of the total number in Categories Ii, Iii and Iiii.

In all three Groups the relative proportion of 'Socialisation Information' communications declined progressively over successive Phases. In Group A the decline was statistically significant, at beyond the 1% level. In Group B, the decline was not significant and in Group C it was just short of attaining significance at the 5% level.

Hypothesis Aiii, that the frequency of 'Socialisation Information' communications relative to other types of 'Socialisation' communications would fall progressively as the group developed was confirmed significantly in Group A, and supported, but not significantly in Groups B and C.

4. Inter-Session Differences. Another aspect of the results relating to 'Socialisation' communications is the variation, among sessions within the same Phase, in the frequency of 'Socialisation' communications of all types. This large intra-Phase variance has previously been suggested as a possible factor contributing to the failure of the among-Phase differences in Group B to attain statistical significance.

During the early stages of therapy, discussion of socialisation did not occur equally during every session.

Table 6 - Proportion of 'Socialisation Information' to  
Total 'Socialisation' Communications

The percentage of 'Socialisation Information' (Category Ii) to the total number of 'Socialisation' Communications (Categories Ii, Iii and Iiii) in each session.

	Phase			
	I	II	III	
<u>Group A</u>	5.0	34.5	6.0	%
	13.9	2.9	1.3	
	11.1	9.9	0.0	
	14.0	14.9	0.0	
	21.2	17.1	6.5	
	16.4	6.3	2.9	
% over Phase	13.2	11.8	4.6	

$H = 9.3$ ; d.f. = 2;  $p < .01$  (two-tailed test)

<u>Group B</u>	12.6	18.0	2.6	%
	6.5	0.0	17.2	
	25.4	4.2	0.0	
% over Phase	12.4	9.2	6.4	

$H = 1.6$ ; d.f. = 2; N.S.

<u>Group C</u>	1.5	1.9	%
	2.5	2.8	
	7.8	1.3	
	9.7	0.0	
	14.0	6.3	
% pver Phase	8.8	2.4	

$U = 5$ ;  $n_1 = n_2 = 5$ ;  $p < .08$  (two-tailed test)

Instead, it was concentrated into a few sessions which were largely given over to consideration of topics relevant to socialisation. For example, one half of all the communications made during an early session of Group B (Table 3) concerned socialisation. However, apart from these few sessions, relatively little discussion of socialisation appeared to take place.

During the latter stages of therapy, although socialisation topics were rarely considered there were occasional sessions when these topics were revived. These were usually sessions at which new members joined the Group or when an existing member terminated treatment prematurely and left the Group, or threatened to do so. In the former cases, the discussion was aimed at helping the new member to become socialised into the Group. In the latter cases, it appeared to be an expression of anxiety that treatment was progressing according to plan and that the members were benefiting.

5. Inter-Group Comparison. The Groups showed major similarities in the trend of their results. In all three Groups, 'Socialisation' communications in general, each of the three sub-types and the relative proportion of 'Socialisation Information' communications, all declined over successive Phases. The Groups were also alike in the actual number of communications of the various types made during each session. Thus, although 'Socialisation' communications in general began by differing in frequency between the Groups, by Phase II - after about one year - they accounted for very similar proportions of the total communications of each group - 12.1%, 11.5% and 9.4% respectively in Groups A, B and C. (Table 3).

After about 18 months, in Phase III, the two Groups which were still in existence had similar proportions of 'Socialisation' communications - 4.1% and 7.3% in A and B respectively. The Groups were also alike in the proportion of 'Socialisation Information' to 'Socialisation' communications (Table 6).

Perhaps the main difference between the Groups was in the frequency of 'Socialisation Questions', which were very rare in Group C. While these communications occurred in only two of the ten analysed sessions of Group C, in Group B they occurred at a mean rate of 16.0 per session during the first Phase.

#### C. Inter-Member Affect.

1. 'Inter-Member Affect' Communications. Table 7 shows the number of 'Inter-Member Affect' communications - those units allocated to Categories IIIi and IIIi - made during each session.

Their frequency showed a notable, and progressive, increase over the three Phases of Groups A and B. In Group A, the increase was from a mean of 18.0 per session in Phase I to a mean of 43.8 per session in Phase III; in Group B the increase was from 11.3 to 77.0. In both Groups, the inter-Phase differences were significant at beyond the 5% level. In Group C, the mean frequency also increased over the two Phases, although the difference fell just short of attaining statistical significance.

Hypothesis Bi, that the frequency of references to members' affective relationships with one another would increase as therapy proceeded was thus confirmed significantly



Table 7 - Number and Proportion of  
'Inter-Member Affect' Communications

The number of 'Inter-Member Affect' communications - those in Categories Iii and Iiii - made during each session and this number expressed as a percentage of the total number of communications in the session.

	I		Phase II		III	
	No.	%	No.	%	No.	%
<u>Group A</u>	5	0.5	24	2.5	36	3.8
	19	1.9	40	4.7	46	5.5
	8	0.9	33	4.2	24	3.3
	11	1.7	35	3.9	24	2.6
	20	2.8	62	8.4	90	9.8
	45	5.0	60	6.7	43	5.2
Mean	18.0	2.1	42.3	5.1	43.8	5.1

$H = 6.9$ ; d.f. = 2;  $p < .05$  (two-tailed test)

<u>Group B</u>	6	0.7	27	3.8	77	12.5
	5	0.6	46	5.6	116	13.3
	23	2.4	19	2.2	38	4.6
Mean	11.3	1.2	30.7	3.9	77.0	10.1

$H = 5.7$ ; d.f. = 2;  $p < .05$  (two-tailed test)

<u>Group C</u>	12	2.1	1	0.2
	0	0	22	3.7
	10	2.3	27	6.0
	12	1.9	0	0
	2	0.3	36	6.8
Mean	7.2	1.3	17.2	3.2

$U = 8.5$ ;  $n_1 = n_2 = 5$ ; N.S.

in Groups A and B and supported, but not significantly, in Group C.

2. 'Inter-Member Affect' Communications of Two Types. Table 8 shows the number of 'Inter-Member Affect' communications of two types - 'Direct Expression of Inter-Member Affect' and 'Interpretation and Evaluation of and Questions About Inter-Member Affect'. These correspond to Categories Iii and Iiii respectively and account for all 'Inter-Member Affect' communications.

i. 'Direct Expression of Inter-Member Affect'. The mean frequency of communications in which group members expressed their attitudes and feelings towards one another increased progressively in all three Groups (Table 9). In Group A these communications increased almost four-fold and the inter-Phase differences were significant at beyond the 2% level. In Group B the increase was over five-fold, and the inter-Phase difference was significant at beyond the 3% level. In Group C, the mean frequency also increased by over four times, but the difference failed to reach statistical significance.

Hypothesis Biia, that the frequency of 'direct' expressions of inter-member affect would increase progressively over Phases was thus confirmed significantly in Groups A and B and supported, but non-significantly, by Group C.

ii. 'Interpretation and Evaluation of, and Questions About, Inter-Member Affect. The mean frequency of the remaining communications which referred to members attitudes and feelings for one another increased progressively in all three Groups (Tables 8 and 9). In Group B the inter-Phase difference was significant at beyond the 3% level. In Group C there was also

Table 8 - Number of Inter-Member Affect Communications  
of Two Types.

The frequency of two sub-categories of 'Inter-Member Affect' communication i. 'Direct Expression of Inter-Member Affect (Category Iii) and ii. 'Interpretation and Evaluation of, and Questions About 'Inter-Member Affect (Category IIii).

	Phase					
	I		II		III	
	<u>Direct</u>	<u>Interp.</u>	<u>Direct</u>	<u>Interp.</u>	<u>Direct</u>	<u>Interp.</u>
Group A	1	4	7	17	14	22
	6	13	12	28	22	24
	3	5	20	13	17	7
	6	5	21	14	18	6
	7	13	28	34	53	37
	19	26	27	33	26	17
Mean	7.0	11.0	19.2	23.2	26.0	18.8
<u>Group B</u>	2	4	10	17	25	52
	1	4	19	27	32	84
	10	13	6	13	14	24
Mean	4.3	7.0	11.7	19.0	23.7	53.3
<u>Group C</u>	3	9	0	1		
	0	0	10	12		
	3	7	16	11		
	3	9	0	0		
	2	2	22	14		
Mean	2.2	5.4	9.6	7.6		

Table 9 - Significance of Changes in Frequency of  
'Inter-Member Affect' Communications of Two Types

Changes in the frequency, over successive Phases, of the two sub-categories of 'Inter-Member Affect' communication, and the statistical significance of the changes (calculated from Table 8).

	<u>Mean Frequencies in Phases</u>			H $\rho$	p $\star$
	I	II	III		
<u>Group A</u>					
Direct Expression	7.0	19.2	26.0	8.2	<.02
Interpretation etc.	11.0	23.2	18.8	5.6	<.07
<u>Group B</u>					
Direct Expression	4.3	11.7	23.7	5.9	<.03
Interpretation etc.	7.0	19.0	53.3	6.1	<.03
<u>Group C</u>				U +	
Direct Expression	2.2	9.6		9	N.S.
Interpretation etc.	5.4	7.6		8.5	N.S.

$\star$  Two-tailed test

$\rho$  d.f. = 2

+  $n_1 = n_2 = 5$

an increase over the two Phases, which was not however statistically significant. Unlike the other two Groups, Group A did not show a progressive increase. The frequency increased between Phases I and II but declined between Phases II and III. This finding was contrary to hypothesis, although the inter-Phase difference did not reach significance at the 5% level. However, a second analysis was carried out. In place of Group A's three Phases, only two were used, relating to the first and second halves of therapy. The first half included all six sessions in Phase I together with the earliest three from Phase II: the second half included the remaining three from Phase II and the six from Phase III. The mean frequencies for the first and second halves respectively were 13.8 and 21.6, but the Mann-Whitney U-test showed that this difference was just too small to be statistically significant ( $U = 21.5$ ;  $n_1 = n_2 = 9$ ; N.S.)

Hypothesis Biib, that the frequency of interpretations and evaluations of, and of questions about, inter-member affect would increase progressively as group development proceeded was therefore confirmed significantly by Group B and supported, non-significantly, by Group C. The results of Group A, with Phase II having the highest frequency of occurrence, was not in line with the hypothesis; however, in that the frequency did increase between the first and second halves of therapy Group A's results might be held to lend partial support to the hypothesis.

3. Inter-Group Comparisons. Inspection of the results of the three Groups revealed no very marked similarities or differences. With the exception of the one of Group A's results which was discussed in the previous section, the three groups showed similar developmental trends. During Phase I the proportion of 'Inter-Member Affect' communications was similar in all three Groups - 2.1%, 1.2% and 1.3%. During Phase II the proportions were also alike although by Phase III these communications were twice as frequent in Group B than in Group A. Differences were apparent between the two types of 'Inter-Member Affect' communications. The frequency of 'direct expression' was roughly similar in the three Groups. For example, the mean number made during Phase III was 26.0 in Group A and 23.7 in Group B. However, the frequency of interpretations etc. during Phase III was 18.8 in Group A and 53.3 in Group B.

D. Generalisation to and from the Group.

1. Generalisation Communications. Table 10 shows the number of communications per session in which the speaker drew parallels between intra - and extra - group events and relationships i.e. units scored as Categories IIIi and IIIii.

The results of the Kruskal-Wallis tests applied to Groups A and B showed that in both Groups the frequency of these communications differed significantly among the Phases. In both Groups there was a progressive increase in frequency of occurrence over the three Phases, with the mean frequencies rising from 3.2 per session to 13.8 per session in Group A and from 5.7 to 17.3 in Group B.

6

C
$$U = 7.0; \quad n_1 = n_2 = 5; \quad \text{N.S.}$$



There was also an increase over the two Phases of Group C, from a mean of 8.4 per session to one of 14.2 per session; however, this increase failed to reach statistical significance.

Hypothesis Ci, that the frequency of 'Generalisation' communications would increase as therapy proceeded, has thus been confirmed significantly by Groups A and B and supported, but not significantly, by Group C.

2. 'Generalisation' Communications of Two Types. Table 11 shows the frequency of occurrence per session of the two sub-categories of 'Generalisation' communication - 'Socialisation Generalisation', concerned with aspects of the socialisation process, and 'Affective Generalisation' concerned with affective relationships. These correspond to Categories IIIi and IIIii respectively.

1. 'Socialisation Generalisation'. Table 12 shows that in Group B, these communications increased slightly in frequency over the three Phases, and that the inter-Phase differences were not statistically significant. They also increased over the two Phases of Group C, but again the difference was small and not statistically significant. In Group A, on the other hand, although there was a relatively large increase between Phases I and II, 'Socialisation Generalisations' became slightly less frequent in Phase III. The Inter-Phase differences were not statistically significant.

Hypothesis Ciia, was that 'Socialisation Generalisations' would be made more often as therapy proceeded. It was thus supported, but not significantly, by Groups B and C. There

Table 11 - Number of 'Generalisation' Communications  
of Two Types.

The frequency of two sub-categories of 'Generalisation' communications - i. 'Socialisation Generalisation' (Category IIIi) and ii. 'Affective Generalisation' (Category IIIii).

	Phase					
	I		II		III	
	<u>Soc.</u>	<u>Affect.</u>	<u>Soc.</u>	<u>Affect</u>	<u>Soc.</u>	<u>Affect</u>
<u>Group A</u>	0	0	9	0	2	3
	5	0	16	3	16	5
	1	0	3	0	13	6
	2	1	4	7	1	4
	2	0	24	6	13	11
	8	0	8	2	9	0
Mean	3.0	0.2	10.7	3.0	9.0	4.8
<u>Group B</u>	4	0	14	1	14	3
	6	0	2	0	4	15
	7	0	9	2	8	8
Mean	5.7	0.0	8.3	1.0	8.7	8.7
<u>Group C</u>	3	0	11	2		
	2	0	7	1		
	17	0	11	11		
	13	0	2	0		
	2	5	9	17		
Mean	7.4	1.0	8.0	6.2		

Table 12 - Significance of Changes in Frequency of  
'Generalisation' Communications of Two Types.

Changes in frequency, over successive Phases, of the two sub-categories of 'Generalisation' communications, and the statistical significance of the changes (calculated from Table 11).

	<u>Mean Frequencies in Phases</u>				
	I	II	III	H $\phi$	p $\star$
<u>Group A</u>					
Socialisation Generalisation	3.0	10.7	9.0	5.2	N.S.
Affective Generalisation	0.2	3.0	4.8	6.8	<.05
<u>Group B</u>					
Socialisation Generalisation	5.7	8.3	8.7	0.8	N.S.
Affective Generalisation	0.0	1.0	8.7	6.2	<.03
<u>Group C</u>				U +	
Socialisation Generalisation	7.4	8.0		22	N.S.
Affective Generalisation	1.0	6.2		4.5	<.06

$\star$  Two-tailed test

$\phi$  d.f. = 2

+  $n_1 = n_2 = 5$

was no progressive increase in frequency over the three Phases of Group A; however, the frequencies in both Phases II and III were larger than that in Phase I, so that the Hypothesis can be regarded as having been partially supported by Group A.

ii. 'Affective Generalisation'. Table 12 shows that in Group A the mean frequency of these communications increased over the three Phases from only 0.2 per session to 4.8 per session - an increase which was significant at beyond the 5% level. In Group B the increase was greater and whereas no 'Affective Generalisations' were made during the first Phase, a mean of 8.7 per session was made during the third Phase. This increase was significant at beyond the 3% level. In Group C, these communications also increased in frequency - from 1.0 to 6.2 per session - but the Mann-Whitney 'U' test just failed to attain statistical significance.

Hypothesis Ciib was that 'Affective Generalisations' would occur more often as therapy proceeded and it was therefore confirmed significantly by two of the Groups A and B, and supported at a level just short of significance by the third Group, C.

### 3. Relative Frequency of 'Socialisation Generalisation'

Table 13 shows that in all three Groups 'Socialisation Generalisation' communications accounted for a progressively diminishing proportion of the total number of 'Generalisation' communications. In both Groups A and B they fell from accounting for almost all such communications to accounting for only about half. In both Groups the change was statistically significant. In Group C the decline over the two Phases was

Table 13 - Significance of Changes in Proportion of  
'Socialisation Generalisation' Communications to Total  
'Generalisation Communications'.

Changes in the proportion of 'Socialisation Generalisation' communications (Category IIIi) to the total number of 'Generalisation' communications (Categories IIIi and IIIii) over successive Phases, and the statistical significance of the changes (calculated from Table 11).

% of 'Socialisation Generalisation' to Total Generalisation

	Phase				
	I	II	III	H $\phi$	p $\star$
Group A	94.7	78.0	41.0	6.4	.05
Group B	100	89.3	50.0	6.9	.01
Group C	88.0	71.3		U + 6	N.S.

$\star$  Two-tailed test

$\phi$  d.f. = 2.

+  $n_1 = n_2 = 5$

less marked and failed to reach statistical significance.

Hypothesis Ciii was that 'Socialisation Generalisations' would account for a diminishing proportion of the total number of 'Generalisations' as group development proceeded. It was thus confirmed significantly by Groups A and B and supported, although not significantly, by Group C.

4. Inter-Group Comparison. With the exception of 'Socialisation Generalisation' in Group A, all three Groups showed exactly similar developmental trends. The actual frequency of occurrence of the various communications was also similar. For example, during Phase II the mean number of 'Socialisation Generalisation' communications made was 10.7, 8.3 and 8.0 in Groups A, B and C respectively, and in Phase III the mean frequencies were 9.0 and 8.7 in Groups A and B respectively.

E. Adoption of Therapist Role.

1. 'Socialisation Information'. Table 14 shows the proportion of the total number of 'Socialisation Information' communications which was initiated by the Group Conductor - therapist, as opposed to by the patient-members. In Group C, the Conductor made all such communications in Phase I but by Phase II made only 37.5% of the total - a decline significant at beyond the 2% level. In Group A, there was a progressive, although relatively small, and non-significant, decrease over the three Phases. In Group C, however, against prediction there was a rise in the Conductor's share between Phase I and II. However, the increase was very slight and was followed by a very large decrease between Phases II and III - from 87.5% to only 30.0%.

Table 14 - Proportion of Therapist-Initiated 'Socialisation Information' Communications to Total 'Socialisation Information' Communications.

Number of 'Socialisation Information' Communications (Category II) made by the Group Conductor-Therapist during each session expressed as a percentage of the total number of 'Socialisation Information' communications made during the session (these totals are shown in Table 4). Sessions in which no such communications were made were excluded from the analysis and are shown by - in the '% of Total' column.

	I		Phase II		III	
	Therapist- Initiated	% of Total	Therapist- Initiated	% of Total	Therapist Initiated	% of Total
<u>Group A</u>	2	100	10	50.0	0	-
	9	45.0	0	0.0	0	0.0
	3	18.8	8	100	0	-
	5	71.4	3	42.9	0	-
	11	78.6	7	30.4	3	42.9
	30	69.8	4	44.4	1	100
% of Total over Phase	58.8		45.1		40.0	
	H = 2.3; d.f. = 2; N.S.					
<u>Group B</u>	49	89.1	18	100	1	50.0
	4	50.0	0	-	2	25.0
	16	100	3	50.0	0	50.0
% of Total Over Phase	86.3		87.5		30.0	
	H = 0.6; d.f. = 2; N.S.					
<u>Group C</u>	1	100	0	-		
	4	100	3	50.0		
	11	100	1	50.0		
	10	100	2	25.0		
	14	100	0	-		
% of Total over Phase	100		37.5			
	U = 0; $n_1 = 3$ , $n_2 = 5$ ; $p < .02$ (two-tailed test)					



Hypothesis Di was that there would be a decline, with group development, in the proportion of 'Socialisation Information' communications which was contributed by the Group Conductor. The Hypothesis was confirmed at beyond the 2% level by Group C, and supported, but not significantly, by Group A. In that the proportion in Phase III was markedly smaller than in Phase I, the results of Group B could be said to have partially supported the Hypothesis, despite the slight increase between Phases I and II.

2. 'Affective Interpretation. Evaluation and Questions'.

Table 15 shows that the proportion of these communications made by the Conductor in Group A fell by almost half over the three Phases, the decline being significant at beyond the 5% level. The decline over the two Phases of Group C from 92.6% to 57.9% was also significant. However, although the proportion in Group B fell progressively the inter-Phase difference was not statistically significant, owing to one of the three sessions in Phase I having an abnormally low percentage of therapist-initiated 'Affective Interpretation' communications - only 25%.

Hypothesis Dii was that the proportion of therapist-initiated 'Affective Interpretation' communications would decline as therapy proceeded. It was confirmed significantly by Groups A and C and supported non-significantly by Group B.

3. 'Generalisation' Communications. Table 16 shows the proportion of 'Generalisation' communications, both 'Socialisation' and 'Affective', in each session which was contributed by the Group Conductor-therapist. In Group A,

Table 15 - Proportion of Therapist-Initiated 'Affective Interpretation' Communications to Total 'Affective Interpretation' Communications.

The Number of 'Affective Interpretation, Evaluation and Questions' Communications (Category IIii) made by the Group-Conductor-Therapist during each session expressed as a percentage of the total number of 'Affective Interpretation etc.' communications made during the session (these totals are shown in Table 8). Sessions in which no such communications were made were excluded from the analysis and are shown by - in the '% of Total' Column.

	Phase					
	I		II		III	
	Therapist Initiated	% of Total	Therapist Initiated	% of Total	Therapist Initiated	% of Total
<u>Group A</u>	3	75.0	11	64.7	11	50.0
	13	100	24	85.7	4	16.7
	5	100	9	69.2	4	57.1
	5	100	6	42.9	3	50.0
	12	92.3	16	47.1	17	45.9
	10	38.5	22	66.7	5	29.4
% of Total over Phase	72.7		63.3		38.9	
	H = 7.3; d.f. = 2; p < .05 (two-tailed test)					
<u>Group B</u>	1	25.0	15	88.2	28	53.8
	4	100	22	81.5	49	58.3
	13	100	11	84.6	16	66.7
% of Total over Phase	85.7		84.2		58.1	
	H = 2.4; d.f. = 2; N.S.					
<u>Group C</u>	7	77.8	0	0.0		
	0	-	6	50.0		
	7	100	9	81.8		
	9	100	0	-		
	2	100	7	50.0		
% of Total over Phase	92.6		57.9			
	U = 1; n <sub>1</sub> = n <sub>2</sub> = 4; p < .02 (two-tailed test)					

Table 16 - Proportion of Therapist-Initiated 'Generalisation' Communications to Total 'Generalisation' Communications.

Number of 'Generalisation' Communications (Categories IIIi and ii) made by the Group Conductor-Therapist during each session expressed as a percentage of the total number of 'Generalisation' communications made during the session (these totals are shown in Table 10). Sessions in which no such communications were made were excluded from the analysis and are shown by - in the '% of Total' Column.

	Phase					
	I Therapist- Initiated	% of Total	II Therapist- Initiated	% of Total	III Therapist- Initiated	% of Total
<u>Group A</u>	0	-	9	100	0	0.0
	5	100	4	21.1	9	42.9
	1	100	3	100	5	26.3
	2	66.7	4	36.4	0	0.0
	2	100	30	100	13	54.2
	5	62.5	2	20.0	1	11.1

% of Total  
over Phase

78.9

63.4

33.8

$H = 7.25$ ; d.f. = 2;  $p < .05$  (two-tailed test)

<u>Group B</u>	0	0.0	9	60.0	3	17.6
	2	33.3	1	50.0	9	47.6
	6	85.7	3	27.3	10	62.5

% of Total  
over Phase

47.1

46.4

42.3

$H = 0.0$ ; d.f. = 2; N.S.

<u>Group C.</u>	3	100	10	76.9		
	1	50.0	3	37.5		
	6	35.3	9	40.9		
	2	15.4	2	100		
	7	100	11	42.3		

% of Total  
over Phase

45.2

49.3

$U = 12$ ;  $n_1 = n_2 = 5$ ; N.S.

the proportion fell by over half between Phase I and II and the over-all inter-Phase difference was significant at beyond the 5% level. There was a very slight, non-significant decline over the three Phases of Group B. In Group C, the results were counter to prediction, with a small, but non-significant increase between the Phases in the proportion contributed by the therapist.

Hypothesis Diii, which was that the proportion of therapist-initiated 'Generalisation' communications would decrease as therapy proceeded, was therefore confirmed significantly by Group A and supported non-significantly by Group B. The results of Group C were against the Hypothesis, although not significantly.

4. Inter-Group Comparison. The inter-Group differences were probably greater with these communications than with any of the other types discussed above. Only in the case of 'Affective Interpretation' were the developmental trends within all three groups exactly similar. Some major differences were noticeable also in the actual proportions. Thus the proportion of therapist-initiated 'Socialisation Information' communications in Phase I was 100% in Group C but only 58.8% in Group A. However, these large differences were exceptional, and the range of proportions within any Phase seldom exceeded 20%.

#### F. Distribution of Communications.

1. Distribution of Communications Among Patient-Members. The measure of distribution within a session was the standard deviation of the number of communications initiated by each patient-member. Table 17 shows these standard deviations.

Table 17 - Standard Deviations of Distributions  
of Communications Among Patient Members.

Standard deviations calculated from distribution of communications among members, i.e. number of units initiated by each patient. Units which could not be attributed with certainty were excluded, as were those initiated by the Group Conductor. The 'Mean' column shows the mean number of attributable communications initiated by each patient member.

	Phase					
	I		II		III	
	<u>St.Dev.</u>	<u>Mean</u>	<u>St. Dev.</u>	<u>Mean</u>	<u>St.Dev.</u>	<u>Mean</u>
<u>Group A</u>	51.5	140.9	34.5	125.0	94.0	107.8
	145.2	135.0	39.6	94.4	66.6	108.3
	90.6	132.0	52.2	85.9	68.0	95.3
	72.7	88.0	103.5	109.0	87.0	108.4
	73.2	97.0	40.4	94.0	30.4	97.4
	63.7	112.3	81.1	113.0	108.8	111.3
Mean	82.8	117.5	58.6	103.6	76.0	104.7

H = 1.7; d.f. = 2; N.S.

<u>Group B</u>	77.2	92.3	50.8	150.3	46.1	126.0
	46.1	93.6	108.3	173.5	44.2	179.0
	124.1	215.8	88.2	118.0	115.2	167.0
Mean	82.7	133.9	82.5	147.3	68.5	157.5

H = 0.84; d.f. = 2; N.S.

<u>Group C</u>	121.1	101.5	72.9	105.3
	21.4	125.8	24.1	98.4
	39.2	65.8	26.9	68.0
	64.8	105.4	124.8	103.6
	105.4	95.4	27.9	77.3
Mean	70.4	98.8	55.3	90.5

U = 11;  $n_1 = n_2 = 5$ ; N.S.

As predicted, the mean standard deviation decreased over the three Phases of Group B and over the two Phases of Group C, showing that the communications were shared out more equitably as therapy proceeded. However, in neither Group did the inter-Phase difference approach statistical significance. In Group A, although the mean standard deviation of Phase III was smaller than that of Phase I, that of Phase II was smallest of all. Thus, although the standard deviation showed a tendency to become less, the decrease was not progressive over the three Phases.

Hypothesis Ei was that the distribution of communications among patient members would become more equitable as therapy proceeded i.e. that the standard deviations would become smaller. The hypothesis was therefore supported, but not significantly, by Groups B and C. In that Group A's Phase III standard deviation was slightly smaller than its Phase I one, the results of Group A can be said to partially support the hypothesis.

2. Distribution of Communications Between Therapist and Patients. Table 18 shows that the number of communications made by the Group Conductor-Therapist during each session and this number expressed as a percentage of the total number of communications made during the session. The mean percentage declined over successive Phases of Groups A and C, but the inter-Phase differences did not attain statistical significance. However, the trend in Group B was exactly the opposite of that in the other two Groups. The mean percentage increased over the three Phases, although the increase was not statistically significant.

Number of communications of all types made by the Group Conductor during each session expressed as a percentage of the total number of communications made during the session (these totals are shown in Table 1).

	Phase					
	I		II		III	
	<u>Therapist-</u>	<u>% of</u>	<u>Therapist-</u>	<u>% of</u>	<u>Therapist-</u>	<u>% of</u>
	<u>Initiated</u>	<u>Total</u>	<u>Initiated</u>	<u>Total</u>	<u>Initiated</u>	<u>Total</u>
<u>Group A</u>	56	6.1	64	6.8	80	8.4
	130	13.2	92	10.8	62	7.5
	135	14.4	86	11.0	61	8.3
	92	14.6	127	14.2	38	4.2
	121	17.1	72	9.8	135	14.8
	116	2.8	102	11.4	39	4.7

% of Total  
over Phase

12.8

10.7

## 8.1

$$H = 1.8; \quad d.f. = 2; \quad N.S.$$

<u>Group B</u>	122	15.2	95	13.3	106	17.3
	60	16.3	108	13.2	151	17.2
	79	6.7	94	11.0	150	18.1

% of Total  
over Phase

10.0

12.4

17.6

$$H = 3.5; \quad d.f. = 2; \quad N.S.$$

<u>Group C</u>	152	27.0	114	21.1
	106	17.2	100	16.6
	157	32.8	109	24.1
	99	15.4	34	6.1
	125	20.4	62	11.7

% of Total  
over Phase

22.4

11.4

$$U = 7; \quad n_1 = n_2 = 5; \quad \text{N.S.}$$

Hypothesis Eii was that the proportion of communications initiated by the Group Conductor-Therapist would decline over successive Phases. This Hypothesis was thus supported, although not significantly, by two Groups but not supported by the third, Group B.

3. Inter-Group Comparison. In neither of the aspects of distribution investigated did more than two of the three Groups show similar developmental trends. Inspection of the proportions in Table 16 and the standard deviation in Table 17 indicated no very marked similarities or differences among the Groups.

#### G. Summary of Results.

The above results are summarised, for the convenience of the reader, in this Section. In the Table, the results of each of the three Groups are shown thus:

- ++ : results confirmed the hypothesis at or beyond the 5% level of significance.
- + : results were in line with the hypothesis, but failed to reach significance.
- ? : results partially supported the hypothesis.
- : results did not support the hypothesis.

Type of Communication and Hypothesis		Group		
		A	B	C
Ai :	Decrease in Socialisation	++	+	++
Aiia:	Decrease in Social.Information	++	+	++
Aiib:	Decrease in Social.Questions	+	+	+
Aiic:	Decrease in Other Socialisation	++	+	++
Aiii:	Decrease in ratio Social.Informat./ Total Socialisation	++	+	++



Type of Communication and Hypothesis		A	Group B	C
Bi :	Increase in Inter-Member Affect	++	++	+
Biia:	Increase in Direct Expression of Affect	++	++	+
Biib:	Increase in Interpretation etc. of Affect	?	++	+
Ci :	Increase in Generalisation	++	++	+
Ciia:	Increase in Socialisation General.	?	+	+
Ciib:	Increase in Affective General.	++	++	+
Ciii:	Decrease in ratio Social. General./ Total Generalisation	++	++	+
Di :	Decrease in % Conductor-initiated Social. Information	+	?	++
Dii :	Decrease in % Conductor-initiated Interp. etc. of Affect	++	+	++
Diii:	Decrease in % Conductor-initiated Generalisation	++	+	-
Ei :	Decrease in st. dev. of distrib- ution of comm. among patients.	?	+	+
Eii :	Decrease in % Conductor-initiated communications	+	-	+

## DISCUSSION.

### A. Discussion of Results.

#### 1. Socialisation.

i. Socialisation Communications. The results of all three Groups were in line - in two cases significantly. - with the prediction that the frequency of occurrence of 'Socialisation' communications of all types declines as group development proceeds. As discussed above (p.40 ), socialisation is the process by which members of a group come to agree upon the aims and goals of the group, its norms or patterns of behaviour which are considered to be appropriate or inappropriate, and the roles which individual members are required to adopt. The present results suggest that socialisation is a major pre-occupation of the group members during the early meetings. By discussion, the patients attempt to discover what is required of them and what in turn they are entitled to expect from the group treatment, the therapist, and from the other members. The results also suggest that one of the developmental processes which occurs in the verbal interactions of psychotherapy groups is that the topic of socialisation occupies a diminishing share of the attention of the members as the group continues in existence.

The present finding confirms that of Lennard and Bernstein (1960), the only previous empirical investigation. They analysed 'Primary System' communications, similar to the 'Socialisation' communications of the present study, and showed that the declined in frequency during individual ('dyadic') psychotherapy. The results of the two studies

were similar not only in their general developmental trends but also in the actual frequency of their communications. Lennard and Bernstein found that, over the first eight months of therapy, 'Primary System' communications initiated by the therapist declined in frequency from 20% to 7% of the total, and those initiated by the patient declined from 15% to 7% over the same period. These frequencies were the means of eight, independent therapies. In the present study, the decline over a similar period - between Phases I and II - was 13.5% to 12.1% (Group A), 25.7% to 11.5% (Group B) and 20% to 9.2% (Group C). The somewhat slower decline in the present study was to be expected because within each group some five or more patients required to be socialised whereas in each of Lennard and Bernsteins therapies there was of course only a single patient.

The present finding also supports the large number of narrative accounts of psychotherapy group development, discussed above (p. 49 ), which described a decrease in group concern with problems of socialisation as being an important developmental process. The accounts reviewed by Tuckman (1965), as well as that of Foulkes and Anthony (1957; 1965) are examples.

The present study also provides some quantitative evidence for the first of Tuckman's proposed four stages of group development. This, labelled the 'Forming' stage, is devoted to discovering and discussing the aims, norms and roles of the group. However, Tuckman and many of the authors of the

narrative accounts perhaps overestimate the amount of time which groups spend on socialisation topics, even during the early sessions. The present results show that in some of these sessions, socialisation is scarcely mentioned and that it is relatively rare for more than 25% of the communications of a session to concern group aims, norms and roles. On the other hand, of course, the members' concern with these topics may not always be reflected in their verbal interactions, or may be reflected in ways too subtle for the present content-analysis system to detect.

ii. Socialisation Communications of Three Types. When the 'Socialisation' category of communications was sub-divided, all three sub-categories showed a decline over successive Phases in all three Groups. Although four of the nine statistical analyses carried out on the three sub-categories attained statistical significance, these included none of the three analyses of 'Socialisation Questions'. This sub-category - comprising requests for information about the aims, methods, norms and roles of therapy - appeared to be more variable in frequency than the other two sub-categories. For example, during Phase I of Group A, there was a session with no such requests; on the other hand, during one session of Phase III there were more than during all but two of the other seventeen sessions. It may be that the purpose of these questions is less to request socialisation information as such, than to express anxiety about whether the group is developing according to plan. Thus, the number of 'Socialisation Questions' asked may reflect not

only the extent to which the group has been socialised, but - partly at least - the level of intra-group tension or 'disequilibrium' (above, p.25).

Another feature of this sub-division is the relatively high frequency of interactions and evaluations relative to 'Socialisation Information' communications. While this may partly result from the scoring system used in the present study, it certainly also illustrates the point made earlier (p.65) that group psychotherapists try to avoid giving didactic instructions to the patient-members. Rather than telling the patients what is expected of them, the group conductors socialise the group by evaluating the extent to which members' interactions conform to the prescribed aims, methods, norms and roles ('evaluation') or by discussing the reasons for members' failure to conform ('interpretation').

iii. Relative Frequency of 'Socialisation Information'.

This was further illustrated by the finding that 'Socialisation Information' communications declined in frequency relatively more quickly than the other type of 'Socialisation' communications. Once the basic rules of the therapy situation have been established during the early sessions, relatively little socialisation information is required.

In this connection, it should be noted that, for example, a 'Socialisation Information' communication and an interpretation may have different consequences for the group and different influences upon group development. Thus, more socialisation may occur as the result of one type of communication than of another. However, in the present study

there is no way of assessing the relative influence of different communications.

iv. Inter-Session Differences. It was noted above (p.174) that there was considerable variations in the amount of discussion of socialisation topics between sessions at approximately the same stage of group development. During the early phases of development, this discussion tended to be confined mainly to a few sessions which were largely devoted to the consideration of socialisation, for example, the session of Group B in which over 54% of all communications were of this type. During the latter stages of therapy, the variation was due to occasional sessions at which socialisation again became an issue. Examples of this were when a new member joined the group, when an existing member terminated treatment prematurely, or when in Group B the Group Conductor left and was replaced. When members left the group, the ensuing discussion appeared to reflect the anxiety of the remaining members about whether therapy was proceeding satisfactorily.

## 2. Inter-Member Affect.

i. 'Inter-Member Affect' Communications. The results showed that in all three Groups, these communications became increasingly frequent as group development proceeded. In Groups A and B they became almost three times and almost seven times more frequent respectively over the two year period of therapy - both increases being significant at beyond the 5% level - and in Group C they more than doubled over the one year period. Thus, the results suggest fairly strongly another group developmental process of psychotherapy groups. This is

an increase in the ability or in the willingness of group members to express openly, and to discuss and analyse, their attitudes and feelings towards one another.

There have been no previous empirical studies of inter-member affective communications with which to compare these results. However, they are in line with the findings of Murray (1956) and Lennard and Bernstein (1960), who studied dyadic psychotherapy, and of Mills (1964) who analysed 'learning' groups. In all these studies, references to 'affect' were shown to increase in frequency with group development, although no distinction was made between group members' feelings for one another, and other aspects of emotion.

The present results provide empirical evidence in support of Tuckman's (1965) formulation of psychotherapy group development, based on many narrative accounts. Discussion by group members of one another was said to be a feature of the later, rather than of the earlier, stages of therapy. The present finding, taken in conjunction with the previous one, namely that the discussion of socialisation mainly occurs during the early sessions, supports those writers who have argued that discussion of inter-member affect is possible only after the group has undergone a period of socialisation. The members must first learn that the discussion of their feelings for one another is not only permissible - as in very few other social situations - but is encouraged and required. Only after they have accepted this group norm does much discussion

of affect occur (Beck, 1958). Similar views have been put forward by Bennis and Shepard (1956), Foulkes and Anthony (1957), Thelen (1958) and others.

However, as has been pointed out in connection with socialisation communications, some of these writers tend to overstate their case. The impression is given that the later stages of psychotherapy group development are largely given over to the discussion of members' affective relationships whereas the present results suggest that, even after almost two years of therapy, such discussion accounts for only between 5% and 10% of the total. On the other hand, it may be that the scoring system used in this study underestimates the actual amount of such discussion. Members may express their feelings for one another non-verbally, or in relatively subtle verbal ways not detected by the present content categories.

ii. Inter-Member Affect Communications of Two Types.

The independent analysis of the two sub-categories of inter-member affect communications showed that it is not merely interpretations and evaluations of, and questions about, members' affective relationships that increase in frequency. The direct and open expression of members' past and present feelings for one another also becomes more frequent. This may reflect an increased willingness to express such feelings, due to the patients having accepted, as a result of socialisation, that to do so is both acceptable and necessary. It may on the other hand reflect an increased ability to express emotion. Writers such as Shakow (1960) have suggested that



the socially and emotionally inhibited patients who characteristically form much of the membership of psychotherapy groups may require a period of practice in identifying and labelling their affective responses before they are able to verbalise them. It may be that they obtain this practice during the early sessions of psychotherapy and are thereafter increasingly able to initiate direct expressions of inter-member affect.

A point made above about inter-member affect communications as a whole may be repeated here in connection with 'direct expression' communications. Although they show a marked increase in frequency they never become very common. Thus, after almost two years of therapy, during a typical meeting of Groups A or B, only about 25 direct expressions were initiated. These were of course shared among 6 or 7 patients. Foulkes and Anthony (1957) and others (above, p.53) have argued that the expression of feelings for other patients and for the psychotherapist is of great therapeutic value, and indeed is a major therapeutic agent. Since each group member makes, on average, only 3 or 4 expressions of feeling for other members per session, their influence upon the patient's condition clearly depends less upon their frequency of occurrence than upon the intensity of the feelings expressed. Of course, any effect deriving from a member's own expressions of attitude or emotion is probably augmented by the effect upon the patient of observing other group members express their feelings, or perhaps being the object of such an expression, and of having his own, or other members', attitudes and emotions analysed and interpreted.

3. Generalisation to and from the Group.

i. Generalisation Communications. The finding that in the three Groups the frequency of these communications increased over successive Phases - in two cases significantly - suggests that another group-developmental process occurs within psychotherapy groups. This is an increasing ability - and/or willingness - of the members to draw parallels between interactions, phenomena and relationships occurring within the psychotherapy situation and those occurring outwith therapy, in the other social situations to which the members belong - their family, peer and work groups etc. While there have been no previous empirical studies with which the present findings may be compared, they do appear to support several narrative accounts and theories of group development. Tuckman (1965), and some of the authors whose work he reviewed, e.g. Beukenkamp (1952), Wolf (1949) and Martin and Hill (1957) argued that the later stages of psychotherapy group development are characterised by discussion of the ways in which group events parallel those outside the group. Bennis and Shepard (1956) and Mills (1965) suggested that references to the wider applicability of group-learned concepts occur more frequently during the late sessions. However, although the present results confirm that generalisation occurs more often during the later stages of therapy, it should be noted that, as with 'Inter-Member Affect' communications, they are less common than some of these accounts appear to suggest. After about one year of therapy (Phase II) the mean frequency of occurrence per session in the three Groups ranges from under 10 to just over 14.

Generalising to and from the group situation thus seems to play a relatively minor part in the total activity pattern of psychotherapy groups.

The therapeutic benefit of patients drawing parallels between intra- and extra-group events has been emphasised by Foulkes and Anthony (1957), Menninger (1958), Beck (1958) and Lennard and Bernstein (1960). As with the other types of communication, it is possible that the present content analysis method underestimates the actual extent to which generalisation was discussed. Again, members may not have verbalised, and discussed in the group, all the parallels which they had observed: it is possibly of less therapeutic relevance to verbalise generalisations than, for example, attitudes and feelings towards other members. However, even with these qualifications, 'Generalisation' communications appear to occur infrequently - an average of only one or two such communications are made by each patient per session. This may not provide the 'easy weaving about' between the treatment situation, current reality and childhood events which Menninger (1958), for example, considers to be an essential prerequisite of therapeutic progress. On the other hand, as with the expression of inter-member affect, it may be the intensity, or relevance, rather than merely the frequency of these communications which is important.

ii. Generalisation Communications of Two Types. The independent analysis of the two sub-categories of 'Generalisation' communications supports this point. The accounts of Menninger, Foulkes and Anthony and the other writers, particularly emphasise the importance of generalisations concerning affective relationships - e.g. by the analysis of

the 'transference' relationship with the group conductor, the patient is said to gain insight into his interactions with significant people in his life-situation. However, affective generalisations are seen to be made - or at least clearly verbalised - very rarely indeed. In Group A, by the final Phase of therapy, an average of fewer than 5 per session were identified; in Group B the mean was under 9 per session.

Comparison of the developmental trends of the two sub-categories shows that the more marked increase was in affective generalisations. In two of the Groups these increased significantly, and in the third Group the increase just failed to attain significance at the 5% level. By contrast, none of the 'Socialisation Generalisation' increases was statistically significant.

iii. Relative Frequency of 'Socialisation Information' Communications. The more rapid increase of 'Affective Generalisation' communications is further, and more vividly, illustrated by the finding that in all three Groups they accounted for an increasing proportion of the total number of 'Generalisation' communications. Conversely, 'Socialisation Generalisations' declined from accounting for almost the entire total in Phase I to only about half by Phase III, in Groups A and B. This decline presumably reflects the more general change in emphasis within the groups from concern with socialisation topics to concern with affective relationships. It should be noted however, that the decline in 'Socialisation Generalisations' is only relative to 'Affective Generalisations'. Their actual frequency increased,

despite the reduction in 'Socialisation' communications as a whole.

4. Adoption of Therapist Role. In the investigation of the extent to which patient-members take over activities which, during the early sessions, were mainly carried out by the Group Conductor, the first problem was to identify these activities. Three types of communication were studied - 'Socialisation Information', 'Affective Interpretation etc.' and 'Generalisation'. The relatively high proportions of these which were initiated by the Group Conductor during Phase I suggested that the making of these communications is one of the therapist's 'roles'. The frequency with which patients initiate communications of these types may thus serve as an approximate index of the extent to which they have adopted aspects of the therapist role. There have been no previous empirical studies of this topic, but the narrative accounts of Bennis and Shepard (1956), Foulkes and Anthony (1957) and others suggest that the adoption by members of the therapist role occurs increasingly as therapy proceeds. Beck (1958) also implies this. The present results appear to support these accounts. Of the nine relevant sets of data, all but one showed a decrease over successive Phases in the proportion of communications of various types initiated by the Group Conductor. In four cases the differences were statistically significant, the most marked changes being in the 'Affective Interpretations etc.' category. However, four points should be mentioned. The first is that even by the third Phase, the

Group Conductor continued to initiate a large proportion - although usually a minority - of these communications. Thus, in Groups A and B during Phase III the therapist contributed approximately 30 to 40% of all 'Socialisation Information' and 'Generalisation' communications and approximately 40 to 60% of all 'Affective Interpretations etc.' Secondly, although the therapists' share of 'Affective Interpretations' etc. and 'Generalisation' communications decreased, the actual number of such communications which the therapist contributed usually increased. For example, in Group B while his share of 'Affective Interpretations etc.' fell over the three Phases from 85.7% to 58.1%, the actual number which he made rose from 18 to 93. By contrast, with 'Socialisation Information', the conductors contributed a diminishing share of communications which were themselves declining in frequency of occurrence. Thirdly, there were large differences between the Groups at comparable stages of development. For example, during Phase II the percentage of therapist-initiated 'Socialisation Information' communications ranged from 87.5% in Group B to only 37.5% in Group C, these differences presumably reflecting differences in the style of participation (Lennard and Bernstein, 1960) of the therapists conducting the various groups. Finally, there were big differences between the patient-members in the extent to which they engaged in therapist-type activities. No formal analysis was undertaken, but inspection of the results suggested that whereas some patients contributed a relatively large proportion of these communications, other members contributed almost none.

5. Distribution of Communications. Inter-Group differences were observable when the content of communications was ignored and merely the number of communications - units - initiated by each member of the Groups was considered.

i. Distribution Between Therapist and Patient-Members. The proportion of the total number of communications per session which was initiated by the therapist declined over successive Phases in two Groups - although not significantly - but increased in the third Group. Although this latter finding was against the prediction tested, to some extent it supports the argument which led to the prediction (above, p.74). This was that therapist intervention would be highest during periods of high 'system-strain' within groups - periods of tension, when members were worried about the purpose of the group, how it should proceed etc. It was suggested that in most groups the earliest sessions would show most 'system-strain' and that thereafter strain would diminish, with a consequent decrease in the proportion of therapist-initiated communications. The investigator's uncontrolled observation of Groups A and C suggested that this was the case; this impression was confirmed by the reports of the therapists themselves. In Group B, on the other hand, it is possible that it was the later sessions which showed highest 'system-strain'. This was because the Group Conductor left the Group during Phase II, and was replaced by the Group Observer. This change occurred only shortly after the Group's summer break and led to a long period of considerable anxiety and



dissatisfaction among the patients, with some of them threatening to terminate treatment. It is possible that the increased therapist activity was a response to this increased 'system-strain'. It is also possible, of course, that the inter-Phase differences in this Group merely reflected differences in the preferred activity-rate of the two therapists concerned, with the second therapist being more active, and saying more per session, than the first.

In view of the findings with Group B, and the absence of significant, inter-Phase differences in the other two Groups, it is clearly not possible to claim with certainty that one of the developmental processes which occur within psychotherapy groups is a change in the distribution of communications from therapist to patients. However, the evidence does not rule out the possibility that such a developmental trend exists. For it to be isolated, it is presumably necessary to isolate long-term developmental trends from the relatively short-term fluctuations in the proportion of therapist-initiated communications associated with the reduction of 'system-strain' and 'didequilibrium'.

ii. Distribution Among Patient-Members. A similarly tentative conclusion is probably justified concerning the number of communications made by each group member. In two of the Groups, the standard deviation of the distributions became smaller with successive Phases. The third Group - A - had roughly similar results in that the mean



standard deviation was smaller in Phase III than in Phase I, although that in Phase II was the smallest of all. In all three Groups, these changes were independent of changes in the mean number of units contributed by each member, and showed that the distribution increasingly tended towards equality. As group development proceeded, there were fewer examples of members monopolising the conversation during a session, or of members remaining silent and contributing nothing. It was suggested above that such a reduction might result from the extreme over-and-under contributors being put under pressure by the other members to modify their rate of contribution.

The results can therefore be held, tentatively, to support the view of Theodorson (1952) that as groups develop the distribution of communications becomes more wide-spread.

The absence of more impressive results was no doubt partly due to the high intra-Phase variance. There were occasional sessions whose standard deviations were very high indeed compared with those of the others within the same Phase. These sessions were usually those in which a single patient monopolised the conversation during the entire session. The patient usually had some pressing current problem which he or she described and discussed at length, with the other members clarifying or interpreting. An example of such a session was that in Phase III of Group A, whose standard deviation was 108.3 (Mean of 111.3). A female patient discussing her recent hospitalisation contributed 369 (47.4%) units during the session, whereas none of the other patients contributed more than 98 (12.6%).

B. Discussion of Design.

1. Sessions Analysed. Some of these results suggest that two aspects of the selection of sessions for analysis require discussion - the number of sessions selected and their representativeness.

i. Number of Sessions. One point which has been made previously is that there were examples in the results of very large inter-Phase differences which on analysis were found not to be statistically significant. This was particularly the case with Group B. In view of the large intra-Phase variance i.e. differences between sessions within the same Phase, it is probable that too few sessions were selected for analysis from each Phase. The selection of, for example, six sessions from each of Group B's Phase would possibly have resulted in a greater number of statistically significant findings.

ii. Representativeness of the Sessions. The sessions to be analysed were selected randomly from among those in each Phase which satisfied four criteria. Thus, while they were probably similar to and representative of those other sessions which also satisfied the criteria, they were not of course representative of those sessions which did not. For example, the six sessions analysed from Phase I of Group A each contained a mean of seven 'Direct Expression of Inter-member Affect' communications. However, it would be unjustified to conclude that this frequency was typical of the entire Phase, or to use it as a 'norm' against which the development of other groups might be assessed. As discussed above (p.94).

the intention was to compare the Phases of each Group with one another. Since the same criteria and procedure were used for the selection from each Phase, such a comparison could legitimately be made.

2. Content Analysis. Two consequences of the use of content analysis, previously discussed, may again be noted.

i. Manifest Content. The scoring of the manifest, i.e. obvious, superficial meaning of each unit probably resulted in an under-estimation of the frequency of certain types of communication, notably 'Inter-Member Affect'. Members may have discussed their affective relationships in less obvious ways which were not recorded in this category. This of course did not interfere with inter-Phase comparisons, but suggests that the results of the content-analysis of each session may not have reflected its true 'meaning' accurately.

ii. Implications of Communications. The implications for the group of each communication were not considered. For example, a 'Socialisation Information' communication made during an early session may have had different implications for the group from those of a similar communication made late in therapy. This also suggests that the 'meaning' of the communications and sessions may not have been reflected accurately by the present analysis.

C. Some Implications for Future Research.

The findings of the present study have a number of implications for future research.

1. Replication. The investigation employed only three groups, and although most of the findings were in line with

prediction, and many of the inter-Phase differences were statistically significant, a study to replicate the findings is clearly required.

## 2. Development of Psychotherapy Groups.

It is clearly important for clinical reasons that processes and interactions which are of therapeutic value should be maximised, so that group psychotherapy should become as effective a treatment method as possible. This is also an important first step in the design adequate 'outcome' studies for the comparison of the relative effectiveness of group psychotherapy and alternative therapeutic methods.

As discussed at length above, most group psychotherapy theorists consider that the ability of patients to discuss and express their feelings for one another, to generalise to and from the group and to take over certain of the therapists roles, are important and essential features of group psychotherapy. However, the results of the present study show that even after many months of therapy, inter-member affect and generalisation occupy only a small proportion of group interactions, and that the therapist continues to contribute a large share of communications of all types.

This raises the question of how these interactions can be encouraged. It is possible that they may be influenced by the activities of the therapist, for example by how much 'Socialisation Information' he gives or by whether he contributes a large or small share of the total group communications. They may be influenced by group composition and size, or by the frequency or length of meetings. Future

research might be directed towards isolating some of these variables and hence towards discovering how the increase in 'inter-member affect' and 'generalisation' communications, and the take-over of the therapist's role, might be accelerated.

3. Isolation of Therapeutically-Relevant Variables. This follows from the previous point. Rather than merely asserting that certain types of interaction are related to therapeutic outcome, some attempt should be made to establish the relationship empirically. Thus, for example, if a group in which inter-member affect was discussed freely and openly, was compared with one in which members' feelings for one another were rarely discussed, would a difference be found in the amount of therapeutic improvement shown by the patient-members? Within a single group, is the extent to which members express their feelings related to therapeutic outcome? Other variables which might be studied include the extent to which members make generalisations, and take over the therapist's role, and the total amount which they contribute, regardless of content i.e. do patients who talk a lot benefit more from therapy than those who remain relatively silent?

4. Personal Characteristics and Group Interaction. A certain degree of division of labour was observed to occur among the patient-members of the groups. For example, the 'therapist's role' was not adopted uniformly by all the patients; instead, the therapist's activities were taken over by only a few patients, while the others for the most

part continued to act as patient-members. Big differences were noticeable in the number of communications initiated by different patients, some of whom continually dominated the conversation while others remained silent. Presumably, these differences in intra-group interactions reflect differences in personal characteristics - personality, intelligence, diagnosis. It would appear to be important for the study both of group interaction and of personal characteristics themselves to discover how the latter influence intra-group behaviour.

5. Learning Processes Within the Group. A topic of considerable interest, but one which is likely to prove extremely difficult to study, is the learning processes which occur within psychotherapy groups. In the various discussions of group socialisation, it is frequently stated that group members 'learn' the norms of groups. In an analysis of verbal interactions, such as the present, it is assumed that if the form and content of the group interactions change in the required ways then the members have become socialised and have acquired appropriate norms. However, how far are those members whose communications have changed in fact aware of the group norms - could they verbalise and describe them if asked? How frequent is it for members to be aware of the group norms but to be unable or unwilling to conform to them? It is by no means clear how specific the learning process is. Thus, do members learn only the norms of the specific group to which they belong, or do they, while being socialised, come to acquire some more general notion of how to go about learning norms?

Relevant in this connection is the concept of 'deutro-learning' (Bateson, 1942), discussed by Shakow (1960) and similar to Harlow's (1949) 'acquisition of learning sets', or 'learning how to learn'. Shakow's view, shared by Beck (1958), is that patients during psychotherapy learned not only the norms of psychotherapy, but also learn how to learn norms. The concept of 'deutro-learning' is very useful in that it helps to explain what Beck (1958) describes as one of the "puzzling" aspects of group psychotherapy i.e. how a patient's experiences in a psychotherapy group can help him adjust to the very different groups which he encounters in his everyday life. It is therefore important to attempt to clarify the process of norm acquisition and to investigate it in more detail. One prediction is that, following treatment in a psychotherapy group, patients should be better able to become socialised into any new group which they join.

Learning has also been invoked by various writers in their discussion of 'affective' and 'generalisation' communications. A period of learning was said to be necessary before members were able to express their feelings for one another and to draw parallels between intra- and extra-group events. The present results support this suggestion, but again it is by no means clear what it is that is learned. For example, when patients make an increasing number of generalisations is this because they have learned that this is required of them; or learned how to identify similarities and differences between the group and, for example, the family; or learned how to label and hence to verbalise



parallels which they had already observed? The 'learning' process involved here also requires to be investigated.

6. Other Types of Social Situation. A final implication of the present study is that the method which has been devised for studying developmental processes within psychotherapy groups can be applied to the investigation of other topics in different social situations. For example, several current theories postulate that schizophrenia may be due, partly at least, to abnormalities in the interactions which have occurred between the patient and his family (e.g. Bateson, 1960; Lidz, 1960; and Wynne et al., 1958). Theories of this type suggest that the members of the families of schizophrenics may have poorly-defined roles, or may be unable to express feelings for one another. The content categories and general method of the present study are clearly relevant to the testing of such theories, and could for example be applied in a comparison of interaction patterns within schizophrenic and control families.



CONCLUSIONS.

A. Developmental Trends in Verbal Interaction.

The aim of the study was to isolate developmental trends in the verbal interactions which occur within group analytic psychotherapy groups. In particular, the study was concerned with interactions which appeared on theoretical grounds to be important for the development of psychotherapy groups either as social systems or as vehicles of therapeutic change. The analysis of three group analytic psychotherapy groups led to the following conclusions:

1. There is strong evidence that one developmental change which occurs as therapy proceeds is a decrease in the frequency of occurrence of 'socialisation' communications i.e. those referring to the aims, goals, norms or roles of group psychotherapy in particular or psychiatric treatment in general. The frequency of all three classes of 'socialisation' communications which were studied - the giving of factual information, the requesting of such information, and the interpretation or evaluation of socialisation activity - showed downward trends.

2. There is strong evidence also that the characteristic type of socialisation communication changes as psychotherapy groups remain in existence. The proportion of communications in which factual information is given decreases relative to the total frequency of 'socialisation' communications of all classes, although the proportion is never high. Thus, as therapy proceeds, patients appear to become more aware of what is expected of them and to require less factual information. However, their frequent inability to do what is required of them means that, even late in the life of the group,

it is often necessary to point out deviant behaviour and to interpret its underlying motivation.

3. A third developmental trend for which strong evidence was found is an increase in the discussion of group members' feelings for and attitudes towards one another. This trend appears to be due to a large increase in the frequency with which patients express openly their feelings for one another. The increase was less marked in the frequency with which the therapist and patients analysed, evaluated and interpreted members feelings for one another.

4. There is strong evidence that, as therapy proceeds, members increasingly draw parallels, and discuss connections, between what occurs within the group and events in other social situations. This trend seems to be due to a large increase in the number of communications in which members affective relationships within the group are compared and contrasted with their extra-group relationships. The increase was much less marked in those communications which generalised from the socialisation process in the group to that in other social situations or vice versa.

5. There is strong evidence that, as therapy proceeds, the patients in the group increasingly take over activities in which, at the start of treatment, only the group conductor had engaged. The three types of communication which were investigated all showed this trend i.e. the proportion of therapist-contributed communications in which factual information about socialisation were given, members intra-group

affective relationships were evaluated and interpreted, and parallels drawn between intra- and extra-group events, all showed a marked decrease over the period for which the group remained in existence.

6. However, there is only slight evidence for the presence of two postulated developmental trends in the form of the verbal interactions i.e. a change towards greater equality in the proportion of communications initiated by each of the patient members, and a reduction in the proportion of communications initiated by the group conductor.

B. The Therapeutic Process Within Psychotherapy Groups.

The present study made no attempt to isolate or investigate the therapeutic processes which may operate within psychotherapy groups. However, it was noted that, whereas many theoretical accounts of group psychotherapy emphasise the therapeutic importance of patients expressing their feelings for one another, the manifest expression of inter-member affect occurred relatively infrequently in the three groups studied. Likewise, although the drawing of parallels between events in the group and in the patients' everyday lives is often held to be important, communications of this type were also infrequent. Of course, it is recognised that the scoring method used in the present study probably underestimated the frequency of both types of communication. Moreover, the frequency of occurrence of a communication may not at all reflect its importance for an individual member, or for the group as a whole. Also the three groups studied may have been atypical in some way, although there are no

obvious grounds for thinking so. However, despite these qualifications, these two types of communication do appear to have occurred less frequently than might have been anticipated on the basis of their theoretical importance. At the same time, the present study showed the relative frequency of communications referring to the aims, norms and roles of treatment. Over therapy as a whole, they occurred more often than 'affective' and - in particular - 'generalisation' communications.

These observations suggest that, when attempting to define the therapeutic process operating within psychotherapy groups, theorists have perhaps emphasised overmuch those features which are unique to psychotherapy, at the expense of those processes - such as socialisation - which are common to all groups. Although socialisation has usually been regarded only as a necessary preliminary to active psychotherapy, it is possible that the process of becoming socialised has important therapeutic consequences for the patient - perhaps in the manner suggested by Shakow (1960).

### C. Research into Psychotherapy Group Processes.

The inevitable conclusion to be drawn from the results and discussion of the present study is that more research is required into group psychotherapy, and the processes which operate within groups. It is possible to comment both on the methods and the possible direction of such research.

1. Methods of Research. The study relied on the method of analysing the manifest content of the verbal interactions of patients and therapists. As noted above (p.105), it is

frequently argued that this approach is too crude to be of value in the investigation of psychotherapy. The present study, however, added to the growing body of evidence, reviewed by Auld and Murray (1955) and Marsden (1965) that, used in certain types of study, content analysis can produce results which are both clinically meaningful and of heuristic value. It appears to be particularly useful in studies - such as the present - of changes in the relative frequency of specific types of communication.

2. Direction of Research. Above, the direction which future research into group psychotherapy might take was outlined. Particularly important, in view of the discussion in B (above), might be investigations of the socialisation process i.e. what possible therapeutic consequences it might have, and how it might be maximised. In addition, of course, the more traditional questions have scarcely begun to be answered e.g. those relating to the selection of the patients most likely to benefit from group psychotherapy, and to the identification and measurement of therapeutic change. It is only when it is possible to select the most suitable patients, treat them in a group which is conducted in such a way that its therapeutic processes are maximised, and measure, reliably, subtle changes in the patients' symptoms, personality and social functioning that it will be useful to design 'outcome' studies, intended to answer questions about the value of group psychotherapy as a psychiatric treatment method.

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APPENDICES.



Appendix A.

Two Transcribed Excerpts from a Meeting of Group A.

The meeting took place about one year after the group had been formed. Present were the Group Conductor ('Cond'.) and seven patients - four men and three women - who in these transcriptions are referred to by code letters to preserve their anonymity. The Group Observer was also present but did not speak during the session.

The first excerpt, which lasted for about 15 minutes, began about 15 minutes after the start of the meeting; the second excerpt, of about 12 minutes, started about 20 minutes after the end of the first.

Excerpt 1.

- Mrs. Q. You know, Mrs. R., I don't think you're awfully happy about your husband. You like him all right, but you imagine he could be better.
- Mrs. R. No, I don't think so. I'm happy with him.
- Mrs. Q. Are you quite content to spend the rest of your life with him?
- Mrs. R. Yes, I think so.
- Mrs. Q. You don't hanker for anyone else?
- Mrs. R. I don't hanker after anyone. But I said last week that I sometimes think, I suppose most people do, what it would be like to be made love to by another man. Not what man, it's just

a passing thought. I don't feel that it's in my nature to do that, but I don't say that I would never do it.

Mr. T. You have to excuse yourself by saying that most people think that. You wouldn't like to think that you yourself thought that and no one else thought that.

Mrs. R. No, I wouldn't.

Mrs. Q. Well, one week you talked about sexual attraction and sexual satisfaction, well I don't get that from my husband, not really. I care for him, but the thought of spending the rest of my life.... the only thing that keeps me going is that the change of life isn't far off. Well, I'm 35 now. And for these few years I hope to get away. That's the only thing that's keeping me going. We get on all right.

Mrs. R. You don't want to have children?

Mrs. Q. Oh no.

Mrs. R. Well, I would do something about it now. Because your wasting your life.

Mrs. Q. But you don't want to have more children either.

Mrs. R. I do, but not at the moment.

Mrs. Q. I don't see the difference.

Mrs. M. Is the change of life going to make it easier for you? Because you're not going to need sexual satisfaction.

Mrs. Q. I think it will be.

Mrs. M. That means you must want it now.

Mrs. Q. I think in a way I do. It's just that something's driving me inside. Something physically. I'm not like Mrs. M., who can look at somebody and say they're attractive.

Mrs. M. Do you feel that something's lacking?

Mrs. Q. Lacking, yes.

Mrs. M. What would you think if it didn't? Would it be a dreadful disappointment to go on living with a man who couldn't give you satisfaction?

Mrs. Q. I know that I don't want a child, but yet in another way I do want one. I'm between the two. If I could... to another man, but there's Jimmy to be considered.

Mrs. R. You mean you can have another child by another man?

Mrs. M. You would like to?

Mr. T. But you don't consider leaving him?

Mrs. Q. I wouldn't leave him.

Mr. T. Why not?

Mr. P. Why not?

Mrs. Q. In a sort of way, I need him.

Mr. P. Perhaps he doesn't make any demands on you. That's why you need him.

Mrs. Q. Maybe.

Mrs. M. What is it that stops you wanting a child, from him, but could contemplate a child from anybody else?

Mrs. Q. I don't know. In some sort of way he doesn't rouse me. I can imagine him when he was young, when he was at school, and to have a child like him, I just couldn't have it. I just couldn't. And yet I've nothing against him. It's just something inside me that says no, and that's just it.

Mr. T. Is this why you need him? Because he saves you all this bother about having children.

Mrs. Q. But if that's the case why did I marry him in the first place?

Mrs. M. If you had a child it would be something that you could express affection to. You can't express affection to your husband, so you think you can't do it to a child either. But it would be 50% you.

Mrs. Q. Maybe. I don't need the companionship, it's just a feeling inside. Jimmy's just not the right man, that's all.

Cond. You remember telling us how you hugged his coat .....

Mrs. Q. Pardon?

Cond. I remember you telling us how you hugged his jacket, so you must have had a great deal of feeling to express.

Mrs. Q. But he doesn't seem to match up to it.

Cond. He doesn't?

Mrs. Q. No.

Mr. O. What does he feel about a child?

Mrs. Q. We've sometimes talked about it, but for him if it happens, it happens. I get the feeling he doesn't bother one way or the other. And yet it would bother him very much if it was someone else's child. So he can respond in some way.

Mr. P. He wants to preserve the status quo for some reason.

Mrs. M. What is the feeling in you, that you feel he doesn't understand at all? When you want to express something you get the feeling that it won't get through at all. There are things that I want to express that I know my husband wouldn't understand at all. What

is it that you want to express, that if you went to your husband would mean absolutely nothing?

Mrs. Q. It's just like a wall. I can't explain it. You speak to him and when he looks at you it's just like someone turning their back on you, it doesn't seem to penetrate. It was as though he was thinking of something else entirely different. It's the same in sexual matters. You're just there and that's all.

Mr. P. The only trouble between you and Jimmy is that you can't leave the house.

Mrs. Q. I wasn't always like this. When I told him that, he said you're not frigid, there's nothing wrong with you sexually. He's so dense that he doesn't realise that there's something missing. I'm not important as far as he's concerned, I'm just someone to relieve himself with. Anyone would do. I've told him that.

Mrs. M. What does he say?

Mrs. Q. That it's rubbish.

Mrs. M. But you can't believe him?

Mrs. Q. No, I can't.

Mr. T. Well, what is it that's missing from you?

Mrs. Q. I don't know, it's beyond me. All I know is that it's not there. Don't ask me what it is.

Mr. N. Aren't you really telling us that he doesn't really appreciate you? You're hurt at his lack of appreciation. He doesn't give you what you think you're worth.

Mr. T. It seems to me that you're saying that there's no love between you.

Mrs. Q. There is in a way.

Mr. T. When you say 'there is in a way' this doesn't mean anything to me at all.

Mr. N. Really you want to be appreciated as a person by him. But he doesn't see you as a person. Just as a thing to be used sexually, and cast aside. That's the feeling you have, at any rate.

Mrs. R. Are you comparing him with someone else, and he's not measuring up?

Mrs. Q. No.

Mrs. M. He's not satisfying you most of the time, so that you give him the impression that you don't even want sexual relationship. Maybe he doesn't realise the need in you. If someone doesn't ask for something, you don't know that they want it. So you don't give it to them. You're more or less accepting him on sufferance. And he thinks that you don't even want him. If you don't ask him for more sexual satisfaction.....

Mrs. Q. How can you ask anyone for it? How can you ask?

Mr. N. .... you think it's your due. You think there's no need to ask? He doesn't begin to treat you as a person.

Mrs. Q. He is capable of giving sexual satisfaction. There's nothing lacking in him sexually.

Mr. T. I agree with you there. You can't say give me more sexual satisfaction. It's a matter of living a certain way isn't it? There are a lot of things that you've got to do.

- Mr. P. It's just a question of saying to yourself 'give myself satisfaction.'
- Mr. O. He would probably get more satisfaction out of it than you did.
- Mrs. Q. He thinks I do. He thinks I do get satisfaction.
- Mr. O. You don't in fact do?
- Mrs. Q. No.
- Mr. O. Maybe this does get through to him.
- Mrs. Q. No, he just doesn't notice. I don't honestly think it really penetrates.
- Mrs. M. You're saying that he doesn't know you, aren't you?
- Mrs. Q. Mm.
- Mrs. M. You sound to me as though you don't know him either.
- Mrs. Q. To me it's a thing I can do nothing about. There's not anything I can do about it and that's all. Not a thing. Maybe I could make him jealous by going out with somebody else. That might rouse him, it did once before. It's the only time I've ever really seen him angry.
- Mrs. R. Did you go out with somebody else?
- Mrs. Q. I didn't really. I was walking down the street with a chap I knew and I just about got my face put back. It was the first time I saw him really jealous. And another time a chap I knew came round to the house and he got word that this chap was coming, and he came in at the back of two that afternoon, and the only thing I can think of was that he was wanting to know what was going on.
- Mrs. M. So he does care about you.



Excerpt 2.

Cond. Perhaps Mr. N. will tell us what's wrong this evening?

Mr. N. Yes, I think I might. Whenever I try to express my feelings in the group, it usually meets with a great deal of criticism. And this worries me. I don't like it. I want to be liked, that's the snag about it. It's very obvious that what I do, and my attitudes generally, don't tend to make people like me; therefore because I don't get the response I like to have, it's easier if I'm silent. I don't risk disapproval.

Cond. It wouldn't be important for you to know how people feel about your silences?

Mr. N. I should think that applies too.

Mrs. Q. Well, I would rather have you quiet than shouting. Because when you do start on somebody it seems to cut like a knife. As if it had been bottled up for years. It's not something very bad that you're saying, it just seems as if you're trying to cut them. It's as if the whole world was up against you, and you have to make your point, and it just slashes folk, they've just got to keep quiet. That's the impression I get when you speak to me. It just shuts me up.

Mr. N. Yes, I realise that this is the effect I probably have on everyone here.

Mrs. M. You don't have that effect on me at all.

Mr. N. Well, I do meet with a great deal of criticism from time to time, as you probably remember. I tend to play it down, but I don't like it.

Cond. But don't you think it's useful to go into the criticism?

Mr. N. Well, I don't think it matters really. It's something wrong with my attitude that produces this result. It's so hurtful what comes back.

Mr. O. You see, Mr. N. by saying that, you're assuming that you've offended people.

Mr. N. Well, I know I've offended them. I've known this for years. It's difficult for me to stop now. I don't know how.

Mrs. M. That's what you're in the group for,

Mr. N. Because of this criticism, I don't feel that I'm going to get much out of this group.

Mr. O. I understand how you feel now, but if you talk about this in the group you might get a bit further.

Mr. N. I might just get deeper into the mire.

Cond. What was it that really produced this withdrawal?

Mr. N. I don't know. It was just that in the last two or three weeks, I just felt there was nothing for me in the group at all.

Mrs. Q. Were you hurt last week at it being changed to Thursday?

Mr. N. No, it was before that. I just suddenly felt like that.

- Mr. T. There was criticism of the way you expressed your views.
- Mr. N. It may have accumulated from that. I think it's been accumulating for a while.
- Mr. T. Would you rather lose faith in the group as you say, than take steps to change it?
- Mr. N. I rather got to the stage where I would rather leave the group now. It's getting too hurtful to continue. It's not getting better, it's getting worse. The more I speak the worse it becomes. I don't like this.
- Mr. T. You don't consider the possibility of changing attitudes?
- Mr. N. I feel I'd rather not, frankly.
- Mrs. M. You've changed it towards your little boy through the group.
- Mr. N. I don't know whether it was through the group; I don't know anything any more. I know it has changed.
- Mr. O. I think you've been doing all right.
- Mr. N. No, it may be, but ....
- Mr. O. I was going to say a few minutes ago that I think you've closed the subject for yourself. You've come to the conclusion. But if you pushed it a bit further you'd find out. You might find that people don't take umbrage, the way they think you do.
- Mr. N. They're pretty well bound to, Mr. O., when I look at it dispassionately.
- Mr. O. Why?
- Mr. N. Well, I do tend to needle them.

Mrs. M. You don't needle me.

Mr. N. I feel it's necessary for some reason to do so.

Mrs. M. You don't needle me. You've had words with people, but you don't needle me.

Mrs. R. Well, you needle me a lot, but it goes .....

Cond. Isn't this something your bringing about? You've hinted at it yourself. What you got from Mrs. R. This is how she reacts to you, you think that all people react in this way. You don't seem to be responding to what Mrs. M. is saying. You affect them differently.

Mr. N. Frankly, I can't accept it, that it's true.

Mrs. M. I for one don't think what you think I do.

Cond. The question of your feelings about me, it might be useful to talk about them too.

Mr. N. Well, I don't have any particularly marked feelings towards you. Sometimes I feel you compel me to come to this group, but I'm not really conscious of having strong feelings.

Mr. P. You'd better start thinking about your feelings. Searching for them.

Mrs. M. I can accept that you find it very difficult to accept that we don't take umbrage. I was frightened of coming along the road in the dark and I thought who I might ask to come along with me, and the only person I thought I would dare approach was you. I thought that if I could meet you at the corner of Bruntsfield Road, and walk along with you.

Mr. N. Well, when you tell me things like that it makes me feel very good, but practically no one does tell me things like that.

Mr. T. People tell you they don't tell you these things?

Mrs. M. They may not realise that they're hurting you.

Mr. O. I had no idea until you came out with this.

Mr. N. Well, it's not anything that happened in the group, it's happened all my life, it goes back to the earliest childhood.

Cond. Is it something outside the group happening now?

Mr. N. I'm not deliberately trying to conceal anything. Nothing out of the ordinary has been happening.

Cond. Well, I think we're wise to it now. But often the person suffering wouldn't know what it is that hit him. This is what I think that Mrs. R. has never realised. Unless one talks, one can't get the help you need. I'm wondering what makes you feel so extremely despised and rejected this evening? Has it got something to do for instance with the party this evening when your colleague was leaving?

Mr. N. No, certainly it would have nothing to do with that. He was one of the oldest members of staff. 25 years older than me, I've known him for about 25 years. It wasn't just this evening I felt depressed. I felt depressed in this particular way for weeks. It goes back to I imagine the feelings I had in the group here, when all was seeming to meet with criticism. Whenever I came out with any of my own deeply felt theories, I was attacked.

Appendix B.

Instructions for Scoring Units.

The verbal communications and interactions are analysed into units, which are defined as : "i. simple sentences which  
ii. contain or refer to a single topic or idea". The following rules for breaking communications down into units were derived from Murray (1956), Auld and White (1956) and Lennard and Bernstein (1960). In the examples, / indicates the division between two units e.g. "I come to the group/but am thinking of leaving" is two units.

Simple Sentences. The simple sentence is the basic unit of scoring. In its purest form the sentence contains a subject and predicate. The predicate usually contains a verb and an object. Adjectives and adverbs may be present. The simple sentence may not make complete sense all by itself since the meaning of pronouns, allusions etc. may become apparent from the context. But with this help the simple sentence must contain a complete idea. Some examples are:

- i. "I thought I would be late".
- ii. "I don't see the point of carrying on like this".
- iii. "My husband often says things like that".
- iv. "The depression seemed to go on for ever".
- v. "My sister did./ My brother was quite different".

Incomplete Sentences.

1. A statement may be incomplete in itself and yet not be part of a previous or following statement. If the missing part is strongly implied then it is counted as a regular unit. For example:

i. "Sitting in the dark". (Here it is implied that the speaker was sitting in the dark i.e. the complete sentence is "I was sitting in the dark".)

ii. "Not too bad". (Here it is implied that "I am not too bad").

2. Where the statement is clearly incomplete and is never followed up or completed, it is not scored:

i. "I often ..... Oh, I don't know what to say".

(Here the 'I often .....' leads to nothing).

ii. Patient A: "I think ....."

Patient B: "I know exactly what you're going to say".

(Here Patient A's remark is not scored, although Patient B's constitutes a unit).

Slightly Complex Sentences. These are sentences with introductory phrases, or dependent clauses, or adjectival phrases, or which immediately precede or follow explicatives etc. They are scored as simple sentences i.e. as single units. All the following examples are scored as single units:

i. "I came last week, last Tuesday".

ii. "I've done it, quite often in fact".

iii. "How do you feel about this, about what I've told you?".

iv. "I can't remember the details - only that I had a nightmare".

v. "A close friend, a very dear person, has just died".

vi. "Oh, God! How could I have done that?".

vii. "Did she really say that? Heavens!"

Relational Sentences. These are two clauses which are related in some way, such as showing cause and effect, or giving explanations or definitions. The connection may be logical or not, and may be vague or specific. The most frequent words used in sentences of this type are; because, since, if...then, so, in spite of, therefore, when, before, after etc. Of course other words may be used to relate the sentences, and the words given above as examples may be used in other ways. Further, the relation may be implied without a specific relational word. Relational sentences are scored as simple sentences i.e. as single units. For example;

- i. "I just had to say that because it's been worrying me for so long".
- ii. "You met one another yesterday in spite of our rule about not meeting outside the group".
- iii. "I got very depressed after I had my first baby".
- iv. "I think that John is growing up and needs some firm guidance". (Here, 'therefore' is implied between 'and' and 'needs').

Conjunctival Sentences. These are sentences which have several phrases joined together, usually by a conjunction such as: and, or, either....or etc. Two types may be distinguished:

1. In the first type, a number of nouns, or verbs, or objects may be joined but the rest of the sentence is unitary. These sentences are scored as a single unit. For example:

- i. "Father and mother are both very well".



ii. "She was always shouting and threatening me".

iii. "What happened to his wife and children?"

2. In the second type, the conjunction combines two sentences complete in themselves, or nearly so. They may be two separate ideas, or be the same idea repeated.

Provided that a verb and a subject are present in each section, sentences of this type are scored as two or more units. Where a verb and subject are not present, these sentences are scored as single units. Examples of conjunctival sentences scored as two or more units are:

i. "I didn't know whether you would be pleased/or angry/or even interested in what I told you/". (Here all three units share the same final ending).

ii. "I visited his house/and then we went for a drink/".

iii. "She's nice/and sweet/and has a pleasant personality/".

iv. "But that never happens/, or does it?/".

Interrupted Sentences. These are sentences which are interrupted by another sentence or clause but then finished afterwards. The interruption may be by another speaker, or may be a remark in parenthesis made by the speaker himself. These interrupted sentences are scored just as if they had not been interrupted. Thus, if part of the sentence following the interruption is a clear continuation of the preceding part, the two parts are scored as a separate unit. However, if a new thought is introduced, if the first thought is repeated, or if the first thought is modified with respect to what the therapist says, then it is scored separately. If the first thought is left uncompleted it is not scored. The

The interrupting communication is scored separately:

- i. Patient A: "I didn't know whether you would  
be pleased".

Patient B: "I understood that/"

Patient A: "...by what I said/". (Here both parts  
of Patient A's sentence are combined  
and scored as a single unit. Patient  
B's interruption is also scored as a  
single unit).

- ii. "I often think, I don't mean to be disrespectful/  
that you miss the point of what people say/".  
(Here, the parenthetical sentence is scored as a  
single unit and the interrupted sentence is also  
scored as a single unit).

- iii. Patient A: "I never thought that I could/"

Patient B: "You never thought?/"

Patient A: "I never thought that I could have gone/".

(Here, Patient A repeated the "thought" of the first  
remark, so that each is scored separately).

- iv. "I tried almost every day/-no, that's not quite  
right/- I tried every second day/". (The first  
thought has been modified in the part of the  
sentence after the aside, so that each is scored  
separately; the sentence in parenthesis is also  
scored).

Agreements and Disagreements. Sometimes communications,  
while not themselves complete units, serve as agreement,  
disagreement etc., with a preceding remark made by another

speaker. These are scored as separate units if a complete sentence is implied by the answer. For example:

- i. Patient A: "Do you understand that?/"  
Patient B: "Yes/". (Here, Patient B's answer implies "Yes I understand that" and is therefore scored as a separate unit").
- ii. Patient A: "Is that what happened?"  
Patient B: "Clearly/". (Here, Patient B is implying "Clearly that is what happened").
- iii. Patient A: "I think so/".  
Patient B: "Why?/" (Patient B is implying "Why do you think so?").

However, when nothing is implied by the remark, as when it is merely a general encouragement to the first speaker to continue or an indication that he had been listened to, the remark is not scored. For example:

- i. Patient A: "And when I arrived he was gone/"  
Patient B: "Yes". (Here, the 'yes' is giving no information and is implying nothing other than general encouragement so it is not scored.
- ii. Patient A: "I thought he would be pleased/"  
Patient B: "Mmm".  
Patient A: "But he was far from it./". (Here the 'Mmm' is merely an encouragement to Patient B to continue with his communication).

Where the agreement or disagreement is part of a complete sentence, it is scored as part of that sentence. For example;

"Yes, I thought so too/". (This is scored as a single unit).

Where it is a continuation of a complete sentence, and is an expression of the same thought, it is scored as part of the sentence. For example:

"I didn't do it. No./" (This is scored as a single unit).  
Sentences Completed by Another Member. Sometimes one patient will complete a sentence started by another patient. In this event, the communications are scored as a single unit and attributed to the second speaker.

Patient A: "Saying things like this...."

Patient B: "... is what we're here for/". (Here a single unit, attributed to Patient B, is scored).

Quotes. When a speaker quotes something said by someone else, or by himself on a previous occasion, the quote is scored along with the introduction as a single unit. However, if the quoted speech can itself be scored as more than one unit, this is done.

- i. "And I said, 'I don't know'/" (This is scored as a single unit).
- ii. "And I said, 'I don't know./ I try not to'/" (This is scored as two units).

Questions. Questions are scored in the same way as other sentences. When a question is tacked on to the end of a sentence it is scored as a separate unit.

- i. "Why did you do that?" (This is a question in the form of a simple sentence, scored as a single unit).
- ii. "You did do it,/ didn't you?/" (Here the question is tacked on to the sentence, and is scored as an independent unit.)

Appendix C.

Instructions for Allocating Units to Content Categories.

Category I i: Socialisation Information. Into this category are allocated units in which the speaker gives factual information about the aims of treatment, its methods and norms, and the formal roles which group members are expected to adopt within the treatment situation.

Aims of Treatment. Communications which refer to the aims and goals of therapy and to how treatment may be expected to benefit individual members. These include:-

1. References to the general aims of group psychotherapy or of another psychiatric treatment e.g.

- i. "People come to see a psychiatrist to be helped with their emotional problems"
- ii. "Coming to a group helps people to deal with their social interactions"
- iii. "The aim of group treatment is to produce basic changes in personality"

2. References to the specific aims of a group, or of psychiatric treatment, or to the treatment goals of a particular patient.

- i. "The pills you take will reduce your anxiety for a time".
- ii. "I think the group will enable Mrs. S. (a member) to do that".

3. Comparisons between the aims of group psychotherapy and psychiatric treatment in general and those of non-psychiatric treatments, such as surgical or medical, or

of the 'helping' organisations such as Alcoholics Anonymous. However, communications which refer only to the aims of these other treatments are excluded e.g.

i. "We don't attempt to do what surgeons do"(included, because of the comparison between group and surgical treatment).

ii. "A.A. tries to help its members overcome drink problems" (excluded).

4. Reference to ancillary investigations related to group and psychiatric treatment, such as PSW interviews, or E.E.G. or clinical psychological assessments e.g.

"We give these (psychological) tests so that we can record your progress".

Methods and Norms of Treatment. Communications which refer to the ways in which group psychotherapy or psychiatric treatment operate and are effective, and to the ways in which members are expected to contribute to or participate in the treatment situation. These include:-

1. References to the methods in general of group psychotherapy, such as the importance of verbal interaction, self-revelation and the expression of affect e.g.

i. "The work of the group gets done by talking about things that worry us".

ii. "The open expression of our feelings for one another can be of great value".

iii. "The group as a whole will decide when to break up".

2. References to the specific methods of treatment, such as the topics which are appropriate for discussion, the 'depth' at which they should be discussed, and the amount which members are expected to contribute, e.g.

- i. "The group should feel free to discuss anything that worries them".
- ii. "Groups often find it useful to talk about their feelings for one another".
- iii. "We must be quite free with one another in what we say".

3. Reference to the general rules of procedure which group members are expected to adhere to both within and outwith the group e.g.

- i. "This is not a social group./ The normal social rules do not apply here/". (Both units are of this type).
- ii. "Any contacts between members outside group meetings should be reported to the group as a whole".
- iii. "It is not advisable to carry on seeing your own doctor".

Formal Roles of Members. Communications which describe or specify the tasks, duties, rights and general intra-group behaviour of group members, in their formal roles of therapist and patients. These include reference to whose task it was to decide upon the topic of discussion, the comparative status of the patient-members, the therapists part in the treatment process and the role of the group observer e.g.

- i. "It is for the group members themselves to decide what they want to talk about".
- ii. "Everyone is equal in the group/. No one has any

more rights than anyone else/". (Both units are of this type).

- iii. "The doctor's job is to help the discussion".
- iv. "You have to come here to tell the rest of us about your problems".
- v. "Dr. O. is here to help me (the therapist) with the running of the group".

Category I ii: Socialisation Questions. Into this category are allocated all units in the form of questions, or requests for information, about the aims, methods, norms and roles of group psychotherapy or of psychiatric treatment in general i.e. about the areas included in Category I i.

Aims of Treatment. Questions about the general or specific aims of group or psychiatric treatment, the treatment aims of particular patients, the comparison of psychiatric and non-psychiatric treatments, and ancillary investigations e.g.

- i. "What is the idea behind this group?/ What does it try to do?/" (Both units are of this type).
- ii. "How can I be expected to improve because of this group?"
- iii. "Is this treatment some sort of experiment?"
- iv. "Why do we have to do these tests again?"

Methods and Norms of Treatment. Questions about the general and specific methods of treatment, and the general rules of procedure e.g.

- i. "How will talking here help me with my problems?"
- ii. "Are we supposed to be talking like this?"
- iii. "Should I talk about dreams and things like that?"
- iv. "Is Mr. B. saying the right sort of things?"
- v. "Can I carry on seeing Dr. L. every week?"



Formal Roles of Members. Questions about the formal roles, tasks, duties etc. of the therapist and patients e.g.

- i. "Do you (the therapist) just sit there and watch us?"
- ii. "Who decides what to talk about?"
- iii. "Why is he (the Group Observer) here at all?"

Exclusions. Excluded from this category are all questions initiated by the Group Conductor or Observer. This is because these 'questions' are not genuine requests for information, but instead are intended to facilitate or direct the discussion.

Category I iii: Other Socialisation Communications. Communications allocated to this category are of two main types -

1. expressions by patient members of attitudes to or opinions of the prescribed aims, methods, norms or roles of treatment; or
2. interpretations, evaluations or descriptions of those aspects of group members' behaviour which relate to the aims, methods etc.

1. Attitudes and Opinions. Communications in which a group member openly expresses an attitude or opinion which directly derives from some aspect of the aims, methods, norms or roles of treatment or the way in which they are enforced. The attitudes can be those of the speaker or can be descriptions of those of another member. In most cases, the expression of opinion is contained in the same unit as the reference to the aims etc. However, a unit can also be allocated to this category if the reference to the aims etc. was in the immediately preceding unit.

Aims of Treatment. Opinions regarding the general or specific aims of treatment, comparisons between psychiatric treatment and other methods and ancillary investigations e.g.

- i. "I don't really see the point of this group"
- ii. "I'm glad that this group is going to help me with my problem".
- iii. "These tests last week were quite interesting"

Methods and Norms of Treatment. Opinions regarding the general or specific methods of psychiatric treatment or the general rules of procedure e.g.

- i. "Talking like this is stupid".
- ii. "I get all embarrassed when I have to tell everyone this".
- iii. "I think we all resent Mrs. S.'s continual silence".
- iv. Conductor: "This group will last for two years"  
Pt.A: "I'm not waiting that long". (Here, Pt.A's communication is scored in this category, while the Conductor's is in Category I i).
- v. "It's not natural not to see one another after group meetings".

Formal Roles of Members. Opinions relating to the formal roles, duties, tasks etc. of the therapist and patients e.g.

- i. "I resent you (the Group Conductor) not giving us a lead of some sort".
- ii. "I find this free-and-easy atmosphere difficult to tolerate"
- iii. "Well, I'm glad there are not status problems in the group anyway".

Questions about Opinions or Attitudes. Questions designed to elicit members' opinions and attitudes to the above areas are also included e.g.

- i. "Do you think that the group is going to help you?".

ii. "I wonder what the group feels about Mrs. S.'s continual silence?"

iii. "Would you prefer a more formal atmosphere in the group?"

2. Interpretations and Evaluations. Communications which evaluate or interpret the appropriateness of the aims and treatment goals adopted by the group as a whole or by an individual group member, and the extent to which the intra-group interactions of the group or of a member are in accordance with the normative requirements. Evaluations are assessments of the usefulness, relevance, appropriateness or importance of a topic or aspect of behaviour. The criteria against which these are judged are what the speaker considered to be the aims, methods, norms and roles of treatment. Interpretations are attempts to discern the motives or feelings underlying some aspects of intra-group behaviour.

Aims of Treatment. Evaluations or interpretations of the aims or treatment goals of an individual patient or of the aims of the group as a whole e.g.

i. "I don't think that Mrs. R. is really interested in coming to grips with her problem"

ii. "Getting rid of your symptom is not the main reason for you joining this group"

iii. "The group hasn't yet decided what it's trying to achieve"

Methods and Norms of Treatment. Evaluations or interpretations of the general and specific methods of treatment and the required intra- and extra-group interactions.

In many of the evaluative communications, the 'evaluation' is contained in an adjective or verb descriptive of the interactions e.g.

- i. "What you say is only dry talk"
- ii. "This is an important contribution"
- iii. "You may be helping the group very much by talking like this"
- iv. "I am keen to discuss this further"
- v. "You always hold aloof from what goes on in the group"

Other adjectives or verbs descriptive of members' interactions include: stupid, pointless, helpful, good, encouraging, meaningless, stimulating, valuable, irrelevant, trivial, bored, willing, interesting and confused.

The interpretations are usually contained in the same unit as the reference to intra-group behaviour, often being connected by a 'because', 'while' or 'in order to'. In other cases, the interpretation refers to the immediately preceding communication e.g.

- i. "You always say that because you don't want to show yourself up"
- ii. "Our discussion can be of little value while this attitude persists"
- iii. "Your silence in the group is an expression of anger with us all"
- iv. Pt.A: "You have contributed nothing to this group"  
Pt.B: "That's because I feel it has no value".

(Here, Pt.B's remark is scored in this category).

Formal Roles of Members. Evaluations or interpretations of members' formal roles, tasks etc. within treatment.

In many of these communications, a member evaluates or interprets the contribution of another member, casting him in some formal, public role e.g.

i./ "You act like a schoolmaster here"

ii. "I think of you as an observer in this group"

Other examples of communication in this category are:

iii. "There is no equal status in this group"

iv. "You adopted that role because of pressure from Mrs. S."

Questions about Evaluations and Interpretations. Questions designed to elicit evaluations and interpretations e.g.

i. "Do you think we're on the right lines?"

ii. "Is what Mr. B. saying useful to the group?"

iii. "Should the members be taking a more active part in its (the group's) running?"

Category II i: Direct Expression of Inter-Member Affect. Into this category are allocated units in which the speaker openly and directly expresses his present or previous attitudes or feelings towards another group member. Only expressions, statements and reports of the speakers own attitudes etc. are included i.e. communications in which the speaker refers to the attitudes of another member are excluded.

Present Attitudes Towards Recipient. The most typical communication included in this category is that in which a member expresses his present attitudes or feelings towards another group member in a communication which is directed at

that other member. These communications are of several main types.

1. Many take the form: 'I hate you', where the 'you' refers to another group member e.g.

- i. "I am mad with you"
- ii. "I really do care what happens to you"
- iii. "I have awfully strong feelings towards you"

Words commonly included in remarks of this type are: resent, hate, dislike, can't stand, loath, like, love, admire, sympathise with, get annoyed with, have feelings for, am interested in, care about.

2. Others take the form: 'You bore me', in which the feelings aroused in the speaker by the other member are described e.g.

- i. "You always rub me up the wrong way"
- ii. "You frighten me when you're like this"

Verbs commonly used include: bore, frighten, disturb, worry, annoy, infuriate, sicken, excite.

Excluded, are communications in this form in which the attitudes described are those of the other member i.e. the 'you' e.g.

- i. "You must dislike me very much"

3. A third group of communications in this category are direct expressions of affect which take the form of expletives, such as 'You idiot!!' These communications are the sort which, in transcripts of the interactions, would be followed by an exclamation mark.

4. Another form of expression is more controlled and intellectualised. In this, the initiator directs his remarks towards the other member but uses phrases such as 'I consider you to be.....', 'I think of you as .....', or 'My feelings are of ....' e.g.

- i. "I consider you to be spineless"
- ii. "I regard you as the nicest person in the group"
- iii. "My feelings for you are very ambivalent"

5. Finally, also included are communications in which the speaker expresses his feelings by casting another member in one of the following roles: friend, lover, parent, child, spouse or sibling e.g.

- i. "I think of you as a friend"
- ii. "I don't regard you as a lover"

Excluded, however, are those in which the member is likened to a specific person in one of these roles e.g.

- i. "I think of you as a mother" is included, but
- ii. "You are just like my mother" is excluded.

Excluded also are communications which cast the other member in some formal role, such as doctor, schoolteacher, minister, boss etc. e.g.

- i. "You act like a boss towards me"

Previous Attitudes Towards Recipient. Communications in which a member indicates what his attitudes towards another group member were at some time in the past, regardless of whether or not the attitudes have since changed. The communications are directed towards the member concerned e.g.

- i. "I used to think you were spineless"
- ii. "I didn't like you at first"
- iii. "You put me off you at that first meeting"
- iv. "I used to think of you as a friend/but...."

Present of Previous Attitudes Towards Non-Recipient. The above two sub-categories have both concerned communications in which a member expresses his attitudes directly to the group member to which they relate.. However, also included are remarks to a member in which the speaker indicates his attitudes towards a third group member i.e. the attitudes are expressed not directly but with another person as intermediary e.g.

Member A (to Member B) "I don't like C at all"

Agreements and Disagreements. A final type of communication included in this category takes the form of agreement or disagreement with an expression by another member of inter-member affect e.g.

Member A: "I like Mrs. S."

Member B: "So do I". (Here, both communications would be allocated to Category II i).

Before an agreement or disagreement is scored in this way it is necessary for the initial communication also to have been allocated to Category II i e.g.

Member A: "You must find Mr. C. spineless"

Member B: "Yes". (Here, Member A's statement was not scorable as II i - it was allocated to II ii - so that Member B's agreement was also not allocated to II i - it also was scored as II ii - See below, p. 278 ).



Category II ii: Other References to Inter-Member Affect.

Into this category are allocated communications in which members' attitudes and feelings for one another are described, evaluated or interpreted rather than being expressed directly.

Description of Past or Present Attitudes of Another Member.

These communications are descriptions of, or statements about, the attitudes or feelings of a group member other than the speaker, towards another member (who could be the speaker himself), or towards the group as a whole.

1. Usually, the unit contains an explicit reference to the member at whom the affect is directed e.g.

i. "You are very fond of Mrs. S."

ii. "You feel angry with me"

2. However, in some cases the communication is in the form of an agreement or disagreement with a previous remark by another member. If the initial remark is scoreable as Category II ii, the agreement or disagreement is scored in this way also.

i. Member A: "I think Mr. C. is annoyed with me"

Member B: "I think so too". (Here both remarks are scored as II ii).

4. The communications may be addressed to any group member, or to the group as a whole, and not necessarily only to the member whose attitudes are being described e.g.

i. "I think you dislike Mrs. S."

ii. "I think Mrs. S. dislikes you". (Both units are scored as II ii).

Evaluation and Interpretation of Past or Present Attitudes.

Communications which describe and evaluate the effects upon group development or group interaction of members' past or

present attitudes or feelings for one another, or which attempt to discuss this underlying motivation. The communications can refer to the speaker's own attitudes and feelings or to those of another member.

1. Some of these communications are clarifications of other members' feelings for one another, or indications that such feelings exist, or have been recognised, e.g.

- i. "I see that as a way of expressing your feelings for me"
- ii. "What you mean is that you resent Mr. C."
- iii. "I think that we are all aware of your feelings for Mrs. S."

2. Other units indicate the group consequences of a member's feelings e.g.

- i. "Your negative feelings for Mrs. S. are holding up the work of the group"
- ii. "The group's hostility to Mrs. R. forced her to leave"

3. In some communications, the evaluation is indicated by a descriptive adjective e.g.

- i. "This disruptive hatred which you have towards me"  
(In this case the 'disruptive' implies 'group-disruptive').

Other adjectives which can be used in this way were listed above (p.270) under Category I iii. The rules for scoring an 'Affective' communication as evaluative are very similar to those for scoring 'Socialisation' communications, except of course that before a communication may be allocated to the present category it must refer explicitly to inter-member affect.

4. Also as with 'Socialisation Interpretations,' the interpretations of inter-member affect are usually contained in the same unit as the reference to inter-member affect. Many of these units contain 'because' or a similar connecting word. However, others refer to a preceding unit, e.g.

- i. "You feel this way towards Mrs. S. because of what she said last week"
- ii. "I dislike you because of that"
- iii. Member A: "I dislike Mrs. S."  
Member B: "That is because of her way of dominating you" (Here, Member A's unit is scored as II i, but Member B's as II ii).

Questions About Inter-Member Affect. Also scored in this category are questions asked about members' feelings for one another.

1. Most of these are genuine questions designed to elicit information e.g.

- i. "How do you feel about Mrs. S?"
- ii. "Do you like me?"

2. However some, although couched in question form, are intended more as interpretations or as attempts to facilitate the interaction and encourage communication. These are also included in this category e.g.

- i. "Could that be because of your feelings for Mr. C?"
- ii. "I wonder whether Mr. A. also despises Mrs. S?"

Category III i: Socialisation Generalisation. Into this category are allocated units in which the speaker generalises from those experiences, events or interactions in the group

which relate to socialisation and the socialisation process to experience, events or interactions outwith the group, or vice versa i.e. from extra group interactions etc. to those within the group. For a unit to be allocated to this category it, or the immediately preceding or succeeding unit, should refer explicitly to a topic covered by Categories I i, I ii or I iii. Likewise, some specific reference to events, interactions etc. outwith the group is necessary in the unit itself. This latter reference may be to a specific person, situation or event, or may be a more general reference such as 'outside the group'.

The generalisation may concern the interactions of the speaker himself or those of another member. They may refer to present or to past interactions. Any type of communication - description, interpretation, questions etc., may be allocated to this category.

1. Some units contain references to both socialisation and extra group interactions e.g.

- i. "You remain silent in the group because this is how you behave at home"
- ii. "Your breaking the rules of the group is reminiscent of your behaviour at school"
- iii. "I have the same difficulty here in speaking that I do in tutorials".

2. In other cases, the reference to extra-group interactions may be in the unit immediately preceding or following that referring to socialisation i.e. have no scoreable unit intervening. For a unit to be scored in this way, the

preceding or following unit must be capable of being scored independently as I i, I ii or I iii. (The decision that only those units which immediately preceded or followed 'socialisation' units should be scored was made in order to improve inter-scorer reliability; it avoided the difficulties involved in deciding for example, whether a communication did or did not refer to another communication made perhaps several minutes previously). Examples of units scored in this way are:

- i. Member A: "Everyone is equal in the group"  
Member B: "Not like in my family!" (Here Member A's remark is scored I i and therefore Member B's is III i).
- ii. "At home, we never really seem to talk about important things./ At times, it's just like here (in the Group)/". (The second unit of this member's communication is scored as I iii, so that the preceding unit is scored as III i).
- iii. Member A: "This talking about problems is a waste of time"  
Member B: "Well, we never get a chance to do it outside the group" (the first unit is scored as I iii, and Member B's as III i).

An example of a unit not scored as Category III i, because a scoreable unit intervened between the reference to socialisation and the generalisation, is

- Member A: "You've (i.e. Member C) said nothing (in the group) for the past hour"  
Member B: "Perhaps she's not well"

Member C: "I've been pretty quiet at home recently too".  
(Here, Member A's communication is scored as I iii and Member C's would have been scored as III i but for the intervening communication of Member B. Hence Member C's unit is not scored.

Category III ii: Affective Generalisation. Into this category are allocated units in which the speaker generalises from those experiences, events or interactions in the group which relate to members' attitudes or feelings for one another, or to experiences, events or interactions outwith the group or vice versa.

For a unit to be allocated to this Category, it, or the immediately preceding or following unit, should refer explicitly to a topic covered by Categories II i or II ii. Likewise, some specific reference to events, interactions etc. outwith the group is necessary in the unit itself. This latter reference may be to a specific person, situation or event, or may be a more general reference such as "outside the group". As with Category III i, the generalisation may concern the interactions of the speaker himself or those of another member. They may refer to present or to past interactions. Any type of communication - description, interpretation, questions etc. - may be allocated to this category.

1. Some units contain references to both inter-member affect and extra-group interactions or relationships e.g.

- i. "You dislike me just like you dislike your sister"
- ii. "Is your relationship with Mrs. S. similar to that with your wife?"

- iii. "I find myself feeling the same way towards you and this chap at work"

2. In other cases, the references to extra-group events etc. is in the immediately preceding or following unit to that referring to inter-member affect. For a unit to be scored in this way the preceding or following unit must be capable of being scored independently as II i or II ii e.g.

- i. Member A: "What are your feelings towards Mrs. C?"  
(a group member)

Member B: "The same as for my father". (Here, Member A's unit is scored as II ii, so that Member B's is scored as III ii).

- ii. "I was angry with you last week./ I took it out on my wife when I got home". (The first unit is scored as II i and the second as III ii).

Appendix D.

Example of Scored Sessions.

The example shows the scoring of the two excerpts of the meeting of Group A which comprise Appendix A.

The columns show, respectively, the number of the unit (i.e. its sequence in the session); the group member who initiated the communication; the first and last words of the unit; and the content category to which the unit was allocated (a dash indicating that the unit was allocated to none of the categories).

Excerpt 1.

<u>Unit No.</u>	<u>Member</u>	<u>Unit</u>	<u>Category</u>
173	Q.	You .... husband	-
174	Q.	You .... right,	-
175	Q.	but .... better.	-
176	R.	No, .... so.	-
177	R.	I'm .... him.	-
178	Q.	Are .... him?	-
179	R.	Yes, .... so.	-
180	Q.	You .... else?	-
181	R.	I .... anyone	-
182	R.	But .... man,	-
183	R.	I ..... do,	-
184	R.	Not .... thought.	-
185	R.	I .... do that,	-
186	R.	but .... do it.	-
187	T.	You .... that.	-
188	T.	You .... thought that	-



<u>Unit No.</u>	<u>Member</u>	<u>Unit</u>	<u>Category</u>
189	T.	and .... that.	-
190	R.	No, .... wouldn't.	-
191	Q.	Well, .... satisfaction,	-
192	Q.	well .... not really.	-
193	Q.	I ..... him,	-
194	Q.	but ..... far off	-
195	Q.	Well, .... now.	+
196	Q.	And .... get away.	-
197	Q.	That's .... me going.	-
198	Q.	We .....right.	-
199	R.	You .... children?	-
200	Q.	Oh no.	-
201	R.	Well .... now.	-
202	R.	Because .... life.	-
203	Q.	But .... either.	-
204	R.	I do,	-
205	R.	but .... moment.	-
206	Q.	I don't .... difference	-
207	M.	Is .... for you?	-
208	M.	Because ... satisfaction.	-
209	Q.	I think .... be.	-
210	M.	That .... it now.	-
211	Q.	I think .... do.	-
212	Q.	It's .... inside.	-
213	Q.	Something physically.	-
214	Q.	I'm .... attractive	-
215	M.	Do .... lacking?	-

<u>Unit No.</u>	<u>Member</u>	<u>Unit</u>	<u>Category</u>
216	Q.	lacking, yes.	-
217	M.	What....didn't?	-
218	M.	Would....satisfaction?	-
219	Q.	I know....child	-
220	Q.	but.....one	-
221	Q.	I'm.....the two.	-
222	Q.	If.....man,	-
223	Q.	but.....considered.	-
224	R.	You.....man?	-
225	M.	Would.....to?	-
226	T.	But.....him?	-
227	Q.	I.....him.	-
228	T.	Why not?	-
229	P.	Why not?	-
230	Q.	In'.....him.	-
231	P.	Perhaps....on you.	-
232	P.	That's.....need him.	-
233	Q.	Maybe .	-
234	M.	What.....else?	-
235	Q.	I.....know.	-
236	Q.	In some.....me.	-
237	Q.	I can.....school,	-
238	Q.	and to.....couldn't.	-
239	Q.	And yet.....him.	-
240	Q.	It's.....says no,	-
241	Q.	and.....it	-

<u>Unit No.</u>	<u>Member</u>	<u>Unit</u>	<u>Category</u>
242	T.	Is.....need him?	-
243	T.	Because....children?	-
244	Q.	But if....place?	-
245	M.	If....affection to.	-
246	M.	You....husband,	-
247	M.	so you....either.	-
248	M.	But it.....you.	-
249	Q.	Maybe.	-
250	Q.	I don't....inside.	-
251	Q.	Jimmy's....all	-
252	Cond.	You....coat	-
253	Q.	Pardon?	-
254	Cond.	I....jacket,	-
255	Cond.	so you....express	-
256	Q.	But....to it.	-
257	Cond.	He doesn't?	-
258	Q.	No.	-
259	O.	What....child?	-
260	Q.	We've....about it,	-
261	Q.	but....it happens.	-
262	Q.	I get....other.	-
263	Q.	And yet....child.	-
264	Q.	So he....some way.	-
265	P.	He wants....reason.	-
266	M.	What is....at all?	-
267	M.	When you....at all?	-
268	M.	There are....at all.	-

<u>Unit No.</u>	<u>Member</u>	<u>Unit</u>	<u>Category</u>
269	M.	What is....nothing?	-
270	Q.	It's....wall	-
271	Q.	I can't....it.	-
272	Q.	You speak....on you.	-
273	Q.	It doesn't....penetrate.	-
274	Q.	It was....different.	-
275	Q.	It's....matters.	-
276	Q.	You're....all	-
277	P.	The only....house.	-
278	Q.	I wasn't....this.	-
279	Q.	When I....frigid,	-
280	Q.	there's .....sexually	-
281	Q.	He's so....missing.	-
282	Q.	I'm....concerned,	-
283	Q.	I'm just....with.	-
284	Q.	Anyone....do.	-
285	Q.	I've....that.	-
286	M.	What....say?	-
287	Q.	That....rubbish.	-
288	M.	But you....him?	-
289	Q.	No.....can't.	-
290	T.	Well....you?	-
291	Q.	I don't....me.	-
292	Q.	All I....there.	-
293	Q.	Don't....itis.	-
294	N.	Aren't you....you?	-
295	N.	You're ....appreciation.	-
296	N.	He doesn't....worth.	-
297	T.	It seems....you.	-

<u>Unit No.</u>	<u>Member</u>	<u>Unit</u>	<u>Category</u>
298	Q.	There is.....way.	-
299	T.	When....at all.	-
300	N.	Really....by him.	-
301	N.	But....a person.	-
302	N.	Just....aside.	-
303	N.	That's.... any rate.	-
304	R.	Are you....up?	-
305	Q.	No.	-
306	M.	He's.... the time,	-
307	M.	So....relationship.	-
308	M.	Maybe....in you.	-
309	M.	If....want it.	-
310	M.	So....to them.	-
311	M.	You've....sufference.	-
312	M.	And....want him.	-
313	M.	If you....satisfaction.	-
314	Q.	How can....it?	-
315	Q.	How....ask?	-
316	N.	You....due?	-
317	N.	You....to ask?	-
318	N.	He....a person.	-
319	Q.	He....satisfaction.	-
320	Q.	There's....sexually.	-
321	T.	I....there.	-
322	T.	You....satisfaction.	-
323	T.	It's....way,	-
324	T.	isn't it?	-
325	T.	There are....to do.	-
326	P.	It's....satisfaction.	-

<u>Unit No.</u>	<u>Member</u>	<u>Unit</u>	<u>Category</u>
327	O.	He....you did.	-
328	Q.	He.... I do.	-
329	Q.	He....satisfaction.	-
330	O.	You....do?	-
331	Q.	No.	-
332	O.	Maybe....to him.	-
333	Q.	No,....notice.	-
334	Q.	I....penetrates	-
335	M.	You're....know you,	-
336	M.	aren't you?	-
337	M.	You sound....either.	-
338	Q.	To me....about.	-
339	Q.	There's not....it,	-
340	Q.	and....all.	-
341	Q.	Not....thing.	-
342	Q.	Maybe....else.	-
343	Q.	That....him,	-
344	Q.	it did....before.	-
345	Q.	It's....him angry.	-
346	R.	Did....else?	-
347	Q.	I....really.	-
348	Q.	I was....I knew.	-
349	Q.	and....put back.	-
350	Q.	It was....jealous.	-
351	Q.	And....the house	-
352	Q.	and....was coming	-
353	Q.	and he....afternoon,	-
354	Q.	and the....going on.	-
355	M.	So.....about you.	-

Excerpt 2.

<u>Unit No.</u>	<u>Member</u>	<u>Unit</u>	<u>Category</u>
507	Cond.	Perhaps....evening?	-
508	N.	Yes, ....might.	-
509	N.	Whenever....criticism.	Iiii.
510	N.	And....me.	Iiii.
511	N.	I don't....it.	Iiii
512	N.	I want....about it.	-
513	N.	It's very....like me	-
514	N.	and....generally,	-
515	N.	therefore....I'm silent.	Iiii
516	N.	I don't....disapproval.	Iiii
517	Cond.	It wouldn't....silences?	Iiii
518	N.	I....applies too.	Iiii
519	Q.	Well....than shouting.	Iiii
520	Q.	Because....a knife.	Iiii
521	Q.	As it....years	Iiii
522	Q.	It's not....saying,	Iiii
523	Q.	It....cut them.	Iiii
524	Q.	It's as....against you,	Iiii
525	Q.	and....your point,	Iiii
526	Q.	and....slashes folk	Iiii
527	Q.	they've....keep quiet.	Iiii
528	Q.	That's....to me.	Iiii
529	Q.	It....me up.	Iiii
530	N.	Yes,....everyone here.	Iiii
531	M.	You....all.	Iiii
532	N.	Well....time,	IIii
533	N.	as....remember.	IIii
534	N.	I....down,	IIii

<u>Unit No.</u>	<u>Member</u>	<u>Unit</u>	<u>Category</u>
535	N.	but.....it	IIii
536	Cond.	But.....criticism?	Iiii
537	N.	Well,.....really.	Iiii
538	N.	It's.....result.	IIii
539	N.	It's.....back.	-
540	O.	You.....people.	-
541	N.	Well.....them.	-
542	N.	I've.....years.	-
543	N.	It's.....now.	-
544	N.	I.....how.	-
545	M.	That's.....for.	Ii
546	N.	Because.....group.	Iiii
547	O.	I.....now,	Iiii
548	O.	but.....further.	Iiii
549	N.	I.....mire.	Iiii
550	Cond.	What.....withdrawal?	Iiii
551	N.	I.....know.	Iiii
552	N.	It was.....at all.	Iiii
553	Q.	were.....Thursday?	Iiii
554	N.	No,.....that.	Iiii
555	N.	I.....that.	Iiii
556	T.	There.....views.	Iiii
557	N.	It.....that.	Iiii
558	N.	I think.....while.	Iiii
559	T.	Would.....change it?	Iiii
560	N.	I.....group now.	Iiii
561	N.	It's.....continue.	Iiii
562	N.	It's.....better,	Iiii
563	N.	it's.....worse.	Iiii
564	N.	The more.....becomes.	Iiii



<u>Unit No.</u>	<u>Member</u>	<u>Unit</u>	<u>Category</u>
565	N.	I.....this.	Iiii
566	T.	You.....attitudes?	Iii
567	N.	I feel.....frankly.	Iii
568	M.	You've.....group.	Iiii
569	N.	I don't.....group;	Iiii
570	N.	I don't.....more.	-
571	M.	I know.....changed.	-
572	O.	I think.....right.	Iiii
573	N.	No, it may be,	-
574	O.	I.....yourself.	Iiii
575	O.	You've.....conclusion.	-
576	O.	But.....find out.	-
577	O.	You.....you do.	-
578	N.	They've.....dispassionately.	-
579	O.	Why?	-
580	N.	Well,.....them.	-
581	O.	You.....me.	IIIi
582	N.	I.....do so.	-
583	O.	You.....me.	IIIi
584	O.	You've.....people,	IIIi
585	O.	but.....me.	IIIi
586	P.	Well,.....a lot,	IIIi
587	Cond.	Isn't.....about?	IIIi
588	Cond.	You've.....yourself.	IIIi
589	Cond.	What.....Mrs. R.	IIIi
590	Cond.	This.....to you,	IIIi
591	Cond.	you.....this way.	IIIi

<u>Unit No.</u>	<u>Member</u>	<u>Unit</u>	<u>Category.</u>
592	Cond.	You don't....saying	IIii
593	Cond.	You....differently.	IIii
594	N.	Frankly,....true.	IIii
595	O.	I....I do.	IIii
596	Cond.	The question....them too.	Iiii
597	N.	Well,....you.	IIi
598	N.	Sometimes....group,	Iiii
599	N.	but....feelings.	IIi
600	P.	You'd....for them.	Iiii
601	M.	I....take umbrage.	IIii
602	M.	I....the dark.	-
603	M.	and I....with me,	-
604	M.	and the....was you.	IIi
605	M.	I thought....road,	-
606	M.	and....with you.	-
607	N.	Well,....very good,	IIi
608	N.	but....like that.	-
609	T.	People....these things?	-
610	M.	They....you.	-
611	O.	I....with this.	-
612	N.	Well,....group,	IIii
613	N.	it's....my life,	IIIii
614	N.	it....childhood.	-
615	Cond.	Is....now?	Iiii
616	N.	I'm....anything.	Iiii
617	N.	Nothing....happening.	-
618	Cond.	Well,....it now.	-

<u>Unit No.</u>	<u>Member</u>	<u>Unit</u>	<u>Category</u>
619	Cond.	But.....hit him.	-
620	Cond.	This.....realised.	-
621	Cond.	Unless.....you need.	Ii
622	Cond.	I'm.....this evening?	IIIi
623	Cond.	Has it....was leaving?	IIIii
624	N.	No,....with that.	IIIii
625	N.	He.....of staff	-
626	N.	25.....me,	-
627	N.	I've.....25 years.	-
628	N.	It .....depressed.	-
629	N.	I.....for weeks.	-
630	N.	It.....criticism.	IIIi
631	W.	Whenever....attacked.	IIIi